

Asbestos Survey Form

Name of Room	Building Materials	Description of Location	Presumed asbestos Y/N

Asbestos Management Plan

Name of Room	Plan item number	Building materials	Presumed asbestos (P) or Confirmed (C)	Management Plan action
EXAMPLE Front Office	1	Asbestos insulating ceiling tiles	(C)	In good condition. Monthly observation. If any deterioration noted contact accredited surveyor for advice.