

# Site Management Form

Please make sure your travelling is included in the total hours due to back cost etc. Fill areas in marked with a **X**.

Contract Name: Victoria Baths

Job Number: TBC

Site Supervisor: TBC

Hours / Days Allocated for works.

Men

**TBC**

Days

**TBC**

Total Hours

**TBC**

Date Finished  
on Site

**TBC**

Price of Job

|  |
|--|
|  |
|--|

**X**

Total Hours including travel:

Materials purchased for job please list individual items below with price.

| Item | £        |
|------|----------|
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |
|      | Total: £ |

| <b>X</b> | Total Hours Worked<br>(all operatives) | Revised /<br>Total Hours Available | Hours Remaining | Initialled by Supervisor |
|----------|----------------------------------------|------------------------------------|-----------------|--------------------------|
| Day 1    |                                        |                                    |                 |                          |
| Day 2    |                                        |                                    |                 |                          |
| Day 3    |                                        |                                    |                 |                          |
| Day 4    |                                        |                                    |                 |                          |
| Day 5    |                                        |                                    |                 |                          |
| Day 6    |                                        |                                    |                 |                          |
| Day 7    |                                        |                                    |                 |                          |
| Day 8    |                                        |                                    |                 |                          |
| Day 9    |                                        |                                    |                 |                          |
| Day 10   |                                        |                                    |                 |                          |
| Day 11   |                                        |                                    |                 |                          |
| Day 12   |                                        |                                    |                 |                          |
| Day 13   |                                        |                                    |                 |                          |
| Day 14   |                                        |                                    |                 |                          |
| Day 15   |                                        |                                    |                 |                          |
| Day 16   |                                        |                                    |                 |                          |
| Day 17   |                                        |                                    |                 |                          |
| Day 18   |                                        |                                    |                 |                          |
| Day 19   |                                        |                                    |                 |                          |
| Day 20   |                                        |                                    |                 |                          |
| Day 21   |                                        |                                    |                 |                          |
| Day 22   |                                        |                                    |                 |                          |
| Day 23   |                                        |                                    |                 |                          |
| Day 24   |                                        |                                    |                 |                          |
| Day 25   |                                        |                                    |                 |                          |

Comments:

**X**

## PLAN OF WORK

1. To set up a full enclosure & carry out a smoke test for leaks.
2. To remove the asbestos insulation residues from pipework & floor.
3. To remove all paint from the walls & ceilings by way of wet abrasive blasting.
4. To carry out a full environmental clean throughout.
5. To carry out a 4-stage clearance with the appointed analyst.

**Locations: B1-012 B1-013 B1-014 B1-035 B1-030 B1-031 B1-032 B1-033 & B1-034**

AT  
Victoria Baths,  
Hathersage Road,  
Manchester,  
M13 0FE



For and on behalf of

TO BE CONFIRMED

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**WeldLag Limited**

Job No TO BE CONFIRMED

POW Compiled by: L O'Hagan  
on 09/01/2025

Sign  ...

Checked by: P Clarkson  
On 09/01/2025

Sign.....

## **INDEX:**

- 1.0    [DETAILS OF CONTRACT](#)**
- 2.0    [SCOPE OF WORK & RISK ASSESSMENT](#)**
- 3.0    [CONTROL MEASURES](#)**
- 4.0    [SITE SKETCHES](#)**
- 5.0    [METHOD OF WORK FOR REMOVAL](#)**
- 6.0    [OTHER RELEVANT SITE SPECIFIC INFORMATION](#)**
- 7.0    [STANDARD PROCEDURES](#)**
- 8.0    [SITE INDUCTION & ACKNOWLEDGEMENT](#)**
- 9.0    [ASBESTOS RISK ASSESSMENT](#)**

## 1.0 DETAILS OF CONTRACT

| 1.1 | Client          |                |  |
|-----|-----------------|----------------|--|
|     | TO BE CONFIRMED | Telephone No-  |  |
|     |                 | Contact-       |  |
|     |                 | Email Address- |  |

| 1.2 | Principal Contractor |                 |  |
|-----|----------------------|-----------------|--|
|     | As above             | Telephone No-   |  |
|     |                      | Office Contact- |  |
|     |                      | Email Address-  |  |
|     |                      | Site Contact-   |  |
|     |                      | Site Phone No-  |  |

| 1.3 | CDM Client |                |  |
|-----|------------|----------------|--|
|     | As above   | Telephone No-  |  |
|     |            | Contact-       |  |
|     |            | Email Address- |  |

| 1.4 | CDM Principal Designer |                |  |
|-----|------------------------|----------------|--|
|     | As above               | Telephone No-  |  |
|     |                        | Contact-       |  |
|     |                        | Email Address- |  |

| 1.5 | Asbestos Removal Contractor                                                                   |                |                             |
|-----|-----------------------------------------------------------------------------------------------|----------------|-----------------------------|
|     | Weldlag Limited<br>Unit 6a, Bannister Hall Works<br>Higher Walton<br>Bamber Bridge<br>PR5 4DZ | Telephone No-  | 07468609193                 |
|     |                                                                                               | Contact-       | Paul Clarkson               |
|     |                                                                                               | Email Address- | Paul.clarkson@weldlag.co.uk |
|     | HSE Asbestos Licence Number                                                                   |                | 172005835                   |

| 1.6 | Analytical Company for 4 Stage Clearance or Re-Assurance Monitoring                 |                |                              |
|-----|-------------------------------------------------------------------------------------|----------------|------------------------------|
|     |  | Telephone No-  | 03455040303                  |
|     |                                                                                     | Contact-       | To be confirmed              |
|     |                                                                                     | Email Address- | Enquiries@lucionservices.com |
|     | Analytical Company Contracted To: -                                                 |                | UKAS Accreditation Number    |
|     | WeldLag Limited                                                                     |                |                              |

|            |                                                                |                          |      |
|------------|----------------------------------------------------------------|--------------------------|------|
| <b>1.7</b> | <b>Other Asbestos Licensed Contractors (i.e., Scaffolding)</b> |                          |      |
|            | None                                                           | Telephone No-            |      |
|            |                                                                | Contact-                 |      |
|            |                                                                | Email Address-           |      |
|            | HSE Ancillary Licence Number                                   | Contractor Contracted To |      |
|            |                                                                | Weldlag Ltd              |      |
|            | <b>Supervisor to Sign following Scaffolding Check</b>          | TIME                     | DATE |
|            |                                                                |                          |      |

|            |                                                                                     |                |                       |  |                 |                |                  |  |
|------------|-------------------------------------------------------------------------------------|----------------|-----------------------|--|-----------------|----------------|------------------|--|
| <b>1.8</b> | <b>Proposed Site Supervisors – One of the following to be on site at all times.</b> |                |                       |  |                 |                |                  |  |
|            | Name                                                                                |                | Telephone No(s).      |  | Name            |                | Telephone No(s). |  |
|            | 1.                                                                                  | Rob Nash       | 07818400061           |  | 2.              | Brett Foy      | 07596420782      |  |
|            | 3.                                                                                  | Shaun Foy      | 07818343537           |  | 4.              | Daniel Dunkley | 07361835332      |  |
|            | 5.                                                                                  | Harrison Field | 07521267902           |  |                 |                |                  |  |
|            | <b>Office Based Contacts</b>                                                        |                |                       |  |                 |                |                  |  |
|            | <b>Managing Director</b>                                                            |                | <b>Office Manager</b> |  | <b>Director</b> |                |                  |  |
|            | Paul Whitfield                                                                      |                | Laura O'Hagan         |  | Paul Clarkson   |                |                  |  |
|            | 07808365269                                                                         |                | 01772 981240          |  | 07468609193     |                |                  |  |

|                                                                                                   |                                                    |            |         |                      |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|---------|----------------------|
| <b>1.9</b>                                                                                        | <b>Employees on Site</b>                           |            |         |                      |
|                                                                                                   | Maximum No of employees anticipated to be on site. | Setting Up | Removal | Four Stage Clearance |
|                                                                                                   |                                                    | 3          | 3       | 3                    |
| These assessments may be amended to suit the Clients requirements and / or Weldlags availability. |                                                    |            |         |                      |

|             |                                 |                            |                  |              |
|-------------|---------------------------------|----------------------------|------------------|--------------|
| <b>1.10</b> | <b>Plan of Work Prepared by</b> |                            |                  |              |
|             | Name                            | Laura O'Hagan              | Telephone Number | 01772 981239 |
|             | Position                        | Office Manager             | Direct Number    | 01772 981240 |
|             | Email Address                   | Laura.ohagan@weldlag.co.uk |                  |              |

|             |                                         |                                 |                        |
|-------------|-----------------------------------------|---------------------------------|------------------------|
| <b>1.11</b> | <b>Project Date &amp; Working Times</b> |                                 |                        |
|             | Date ASB5 Submitted                     | Date Work will Commence on Site | Duration of Work       |
|             | TBC                                     | TBC                             | 86 days                |
|             | Site Working Hours                      |                                 |                        |
|             | Monday - Thursday                       | Friday                          | Weekends (if required) |
|             | 08.00am-16.30pm                         | 08.00am-15.30pm                 | 08.00am-16.30pm        |
|             | 16:30 – 00:00pm                         | 16:30 – 00:00pm                 | 16:30 – 00:00pm        |
|             |                                         |                                 |                        |
|             |                                         |                                 |                        |

|             |                                                                   |                                  |
|-------------|-------------------------------------------------------------------|----------------------------------|
| <b>1.12</b> | <b>Enforcing Authority</b>                                        |                                  |
|             | HSE Bootle Redgrave Court, Merton Rd., Bootle, Merseyside L20 7HS |                                  |
|             | Telephone Number                                                  |                                  |
|             | 0151 9574000                                                      |                                  |
|             | Email Address                                                     | formsadmin.bootle@hse.gsi.gov.uk |

## 2.0 SCOPE OF WORK & RISK ASSESSMENT

| 2.1 | Project Location.                                                       | Work Details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <p>Victoria Baths,<br/>Hathersage Road,<br/>Manchester,<br/>M13 0FE</p> | <ol style="list-style-type: none"> <li>To set up a full enclosure &amp; carry out a smoke test for leaks.</li> <li>To remove the asbestos insulation residues from pipework &amp; floor.</li> <li>To remove all paint from the walls &amp; ceilings by way of wet abrasive blasting.</li> <li>To carry out a full environmental clean throughout.</li> <li>To carry out a 4-stage clearance with the appointed analyst.</li> </ol> <p><b>Locations: B1-012 B1-013 B1-014 B1-035 B1-030 B1-031 B1-032 B1-033 &amp; B1-034</b></p> |
|     | Site Contact                                                            | Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|     | To be confirmed                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     |                                                                         | Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| 2.2 | Asbestos Survey Details                                                           |
|-----|-----------------------------------------------------------------------------------|
|     |  |
|     | Type of Survey-                                                                   |
|     | Date of Sample- V1 – 13/10/24 & v2-14/10/2024                                     |
|     |                                                                                   |

|     |                                                                                              |   |                                                                  |   |             |                               |           |  |            |  |               |  |
|-----|----------------------------------------------------------------------------------------------|---|------------------------------------------------------------------|---|-------------|-------------------------------|-----------|--|------------|--|---------------|--|
| 2.3 | Asbestos Content, Location & Condition etc.                                                  |   |                                                                  |   |             |                               |           |  |            |  |               |  |
|     | Asbestos Insulation                                                                          |   |                                                                  |   | ✓           | Asbestos Coating              |           |  |            |  |               |  |
|     | Asbestos Textured Coating                                                                    |   |                                                                  |   |             | Asbestos Cement               |           |  |            |  |               |  |
|     | Asbestos Insulating Board (AIB)                                                              |   |                                                                  |   |             | Asbestos Mill Board           |           |  |            |  |               |  |
|     | Asbestos Containing Gaskets                                                                  |   |                                                                  |   |             | Asbestos Textiles             |           |  |            |  | ✓             |  |
|     | Asbestos Containing Floor Mastic                                                             |   |                                                                  |   |             | Asbestos Containing adhesives |           |  |            |  |               |  |
|     | Asbestos Debris                                                                              |   |                                                                  |   | ✓           | Environmental Clean           |           |  |            |  | ✓             |  |
|     | Asbestos Paper Lining                                                                        |   |                                                                  |   |             | Asbestos Cement Debris        |           |  |            |  |               |  |
|     | Asbestos Residues                                                                            |   |                                                                  |   | ✓           |                               |           |  |            |  |               |  |
|     | Asbestos Types                                                                               |   |                                                                  |   |             |                               |           |  |            |  |               |  |
|     | Chrysotile                                                                                   | ✓ | Amosite                                                          | ✓ | Crocidolite |                               | Trémolite |  | Actinolite |  | Anthophyllite |  |
|     | Quantity                                                                                     |   | To be confirmed                                                  |   |             |                               |           |  |            |  |               |  |
|     | Location                                                                                     |   | B1-012 B1-013 B1-014 B1-035 B1-030 B1-031 B1-032 B1-033 & B1-034 |   |             |                               |           |  |            |  |               |  |
|     | Condition                                                                                    |   | poor                                                             |   |             |                               |           |  |            |  |               |  |
|     | General Locations                                                                            |   |                                                                  |   |             |                               |           |  |            |  |               |  |
|     | See Site Sketches, Site Plans and attached copies of the relevant parts of the Survey Report |   |                                                                  |   |             |                               |           |  |            |  |               |  |

| 2.4 | Safe Access & Egress                                             |
|-----|------------------------------------------------------------------|
|     | Entry Criteria                                                   |
|     | As Per the Method of Work and Site Requirements (Induction etc.) |
|     | Access Point                                                     |
|     | As Per the Method of Work and Site Requirements (Induction etc.) |
|     | Transit Procedure                                                |
|     | Yes ✓ No                                                         |
|     | Direct Connection                                                |
|     | Yes No ✓                                                         |
|     | Fire Points                                                      |
|     | As Per Site Induction                                            |
|     | <b>NO SMOKING ANYWHERE ON SITE</b>                               |



[illegible]

### 3.0 CONTROL MEASURES

| 3.1 | ENGINEERING CONTROLS                |   |                                           |   |
|-----|-------------------------------------|---|-------------------------------------------|---|
|     | WRAP & CUT                          | ✓ | ENCAPSULATION                             | ✓ |
|     | CONTAINMENT ENCLOSURE               | ✓ | GLOVEBAG                                  |   |
|     | CONFINED SPACE ENTRY                |   | EXCLUSION AREA / ZONE (Restricted Access) | ✓ |
|     | TYPE 'H' VACUUMS (MINIMUM 2)        | ✓ | NEGATIVE PRESSURE                         | ✓ |
|     | WET & DRY VACUUM (Inside Enclosure) | ✓ | DECONTAMINATION UNIT                      | ✓ |
|     | HAND OPERATED 'KILLASPRAYS'         | ✓ | GRACO ELECTRIC SPRAYER UNIT               | ✓ |
|     | 'ASTRIP' FIBRE SUPPRESSANT          | ✓ | INJECTION SYSTEM                          |   |
|     | SCAFFOLD TOWER                      | ✓ | TORSTRIP TEXTURED REMOVER                 |   |
|     | ASBESTOS LICENSED SCAFFOLD          |   | MEWP (LICENCED OPERATIVES ONLY)           |   |
|     | SCAFF TAGGS                         |   | SEVEN DAY REGISTER (If Required)          |   |

| 3.2                                                                                                                                                                                                      | RESPIRATORY PROTECTIVE EQUIPMENT (RPE)              |            |                   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------|-------------------|---|
|                                                                                                                                                                                                          | TYPE                                                | STANDARD   | PROTECTION FACTOR |   |
|                                                                                                                                                                                                          | FULL FACE MASK, POWERPACK, P3 FILTERS, SCOTT VISION | EN 147     | 40                | ✓ |
|                                                                                                                                                                                                          | ORINASAL HALF MASK, P3 FILTERS, SUNDSTROM SR100     | EN 140/143 | 20                | ✓ |
|                                                                                                                                                                                                          | DISPOSABLE P3 ORINASAL MASKS                        | EN 149     | 20                |   |
|                                                                                                                                                                                                          |                                                     |            |                   |   |
| RPE TYPE TO SUIT ASBESTOS ASSESSMENT ON THE LAST PAGE OF THIS PLAN OF WORK WHEN WEARING HALF FACE MASKS, A BREAK OF APPROXIMATELY 5 MINUTES SHOULD BE TAKEN AFTER WEARING IT FOR 55 MINUTES CONTINUOUSLY |                                                     |            |                   |   |
| <b>ALL WEARERS MUST BE FACE FIT TESTED AND CERTIFICATED</b>                                                                                                                                              |                                                     |            |                   |   |

| 3.3 | PERSONNEL PROTECTIVE EQUIPMENT (PPE) |   |                                       |   |
|-----|--------------------------------------|---|---------------------------------------|---|
|     | DISPOSABLE COVERALLS                 | ✓ | SAFETY BOOTS                          | ✓ |
|     | HARD HATS                            | ✓ | TRANSIT SAFETY BOOTS                  | ✓ |
|     | HIGH VIZ VESTS                       | ✓ | SAFETY GLASSES (OUTSIDE ENCLOSURE)    |   |
|     | EAR DEFENDERS                        |   | SAFETY GLASSES (RPE INSIDE WORK AREA) | ✓ |
|     | SAFETY HARNESS                       |   | GLOVES                                | ✓ |
|     |                                      |   |                                       |   |

| 3.4 | TASK SPECIFIC PERSONNEL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS |                                      |   |                                  |   |
|-----|-----------------------------------------------------------------|--------------------------------------|---|----------------------------------|---|
|     | TASK                                                            | COVERALLS                            |   | FOOTWEAR                         |   |
|     | SITE SET UP                                                     | WHITE DISPOSABLE TYPE 5/6 CATEGORY 3 | ✓ | GENERAL SAFETY FOOTWEAR          | ✓ |
|     | ASBESTOS REMOVAL                                                | RED DISPOSABLE TYPE 5/6 CATEGORY 3   | ✓ | BLACK WELLINGTON SAFETY FOOTWEAR | ✓ |
|     | TRANSIT PROCEDURES                                              | BLUE DISPOSABLE TYPE 5/6 CATEGORY 3  | ✓ | WHITE TRANSIT SAFETY FOOTWEAR    | ✓ |

| 3.5 | CONTROL LIMITS            |                   |
|-----|---------------------------|-------------------|
|     | <b>ALL ASBESTOS TYPES</b> | <b>0.1 f / ml</b> |

| 3.6 | ESTIMATED FIBRE LEVELS (Control Measures Applied)                          |
|-----|----------------------------------------------------------------------------|
|     | <b>PLEASE REFER TO THE ASBESTOS ASSESSMENT AT THE END OF THIS DOCUMENT</b> |

| 3.7 | NEGATIVE PRESSURE UNIT (NPU) CALCULATIONS             |
|-----|-------------------------------------------------------|
|     | <b>PLEASE REFER TO INDIVIDUAL ENCLOSURE SCHEDULES</b> |

|                         |                                                                                                              |  |                           |   |
|-------------------------|--------------------------------------------------------------------------------------------------------------|--|---------------------------|---|
| <b>3.8</b>              | <b>AIR MONITORING (BY INDEPENDENT UKAS ACCREDITED ANALYTICAL COMPANY)</b>                                    |  |                           |   |
|                         | PRE-START BACKGROUND TESTS                                                                                   |  | BACKGROUND MONITORING     | ✓ |
|                         | LEAKAGE TEST SAMPLING                                                                                        |  | REASSURANCE TEST SAMPLING | ✓ |
|                         | PERSONNEL SAMPLING (Maintain Personnel Assessments)                                                          |  |                           | ✓ |
|                         | <b>VISUAL INSPECTION, AIR MONITORING, and the ISSUING OF CERTIFICATE OF REOCCUPATION (4 STAGE CLEARANCE)</b> |  |                           | ✓ |
| Air Monitoring Schedule | To be agreed with lucion                                                                                     |  |                           |   |

|            |                                                                                                                                                                                   |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.9</b> | <b>SMOKE TESTING</b>                                                                                                                                                              |
|            | <b>ALL ENCLOSURES ARE TO BE SMOKE TESTED BY THE SITE SUPERVISOR OR ASBESTOS CONTRACTS MANAGER AND BE WITNESSED AND SIGNED ON PGE 10. A MINIMUM 200 LUMEN TOUCH IS TO BE USED.</b> |

|      |                                                                                                                                                                                                                          |   |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 3.10 | DAILY SITE CHECKS AND RECORD KEEPING                                                                                                                                                                                     |   |
|      | THE FOLLOWING RECORDS WILL BE KEPT ON SITE AT ALL TIMES, BE FILLED IN ON A DAILY BASIS BY THE ON SITE SUPERVISOR AS A RECORD OF THE WORKS BEING CARRIED OUT AND BE OPEN FOR INSPECTION BY THE ENFORCING AUTHORITY (HSE). |   |
|      | DAILY SITE DIARY                                                                                                                                                                                                         | ✓ |
|      | DAILY ENCLOSURE CHECK SHEET                                                                                                                                                                                              | ✓ |
|      | DAILY DECONTAMINATION UNIT (DCU)                                                                                                                                                                                         | ✓ |
|      | DAILY NEGATIVE PRESSURE UNIT (NPU)                                                                                                                                                                                       | ✓ |
|      | DAILY TYPE 'H' VACUUM MACHINES (MINIMUM 2 VACUUM MACHINES PER JOB)                                                                                                                                                       | ✓ |
|      | DAILY RPE OPERATIVE / USER DAILY CHECK SHEET                                                                                                                                                                             | ✓ |

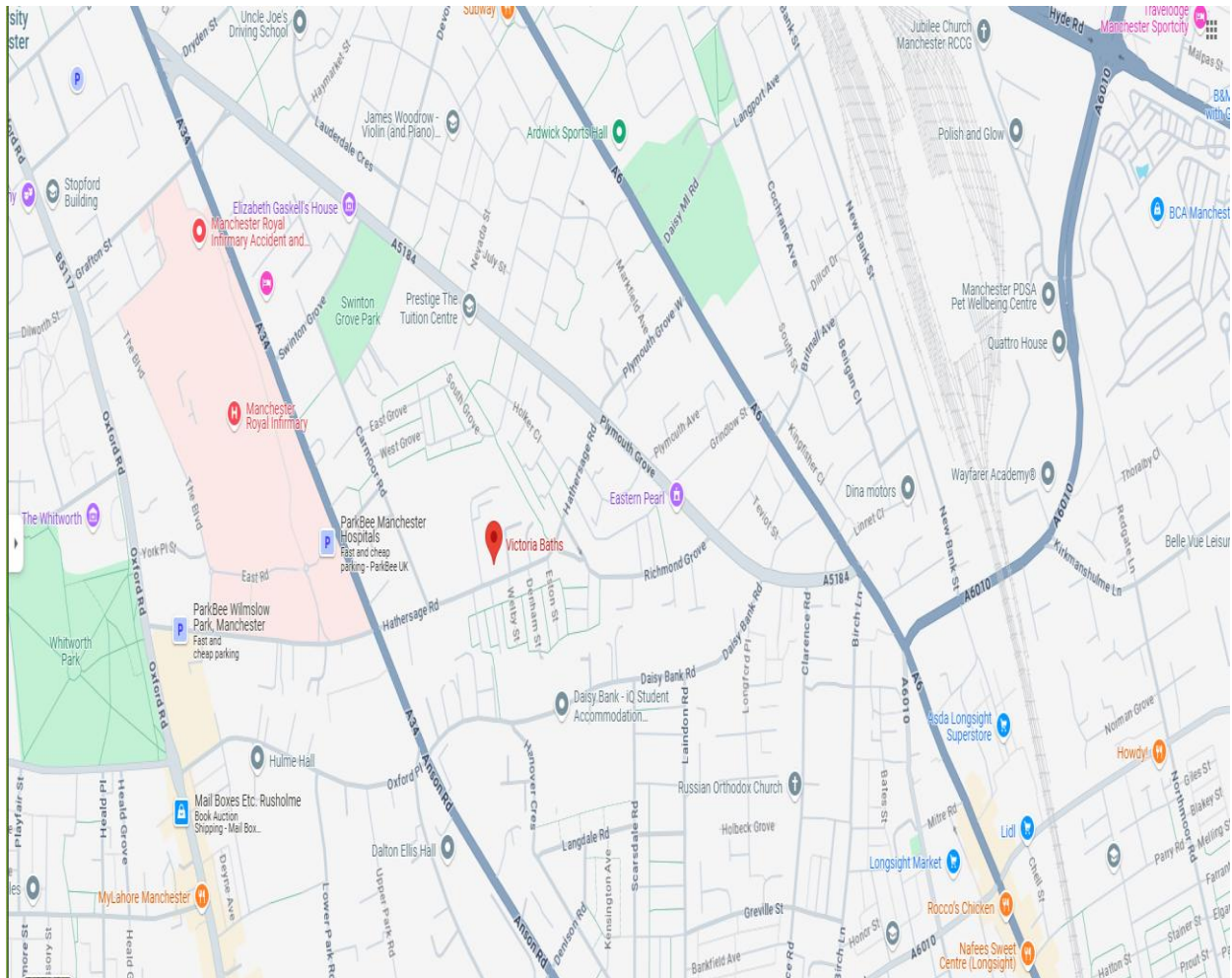
|      |                                                                                                                                                                                                         |   |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 3.11 | OPERATIVE CONTROLS                                                                                                                                                                                      |   |
|      | THE FOLLOWING OPERATIVE RECORDS MUST BE AVAILABLE ON SITE AT ALL TIMES AND MUST BE CURRENT AND WITHIN DATE FOR THE WORKS BEING CARRIED OUT AND BE OPEN FOR INSPECTION BY THE ENFORCING AUTHORITY (HSE). |   |
|      | ASBESTOS MEDICAL CERTIFICATE (REGULATION 22 CAR 2012 REFERS EVERY 2 YEARS)                                                                                                                              | ✓ |
|      | CURRENT FACE FIT TEST TO SUIT EACH RESPIRATOR BEING USED.                                                                                                                                               | ✓ |
|      | CURRENT ANNUAL ASBESTOS OPERATIVE TRAINING CERTIFICATE.                                                                                                                                                 | ✓ |
|      | PORTABLE SCAFFOLD TOWER ERECTION CERTIFICATE.<br>(TO BE ERECTED BY CERTIFICATED HOLDERS ONLY IN ACCORDANCE WITH MANUFACTURERS INSTRUCTIONS ON ERECTION AND CORRECT USE)                                 | ✓ |
|      | ANY OTHER CURRENT TRAINING CERTIFICATES RELEVANT TO THE WORK.<br>(I.e. CONFINED SPACE, MEWPS ETC)                                                                                                       | ✓ |

|      |                                        |   |             |     |  |    |   |
|------|----------------------------------------|---|-------------|-----|--|----|---|
| 3.12 | AMBIENT TEMPERATURES                   |   |             |     |  |    |   |
|      | BELOW 0°C                              |   | 20°C - 30°C |     |  |    |   |
|      | 0°C - 10°C                             | ✓ | 30°C - 35°C |     |  |    |   |
|      | 10°C - 20°C                            |   | ABOVE 35°C  |     |  |    |   |
|      | WILL THE AREA BE SUBJECT TO SOLAR GAIN |   |             | YES |  | NO | ✓ |

|      |                            |   |                 |   |
|------|----------------------------|---|-----------------|---|
| 3.13 | PROXIMITY OF THIRD PARTIES |   |                 |   |
|      | NEXT TO ENCLOSURE          |   | VACANT BUILDING |   |
|      | FLOOR ABOVE                |   | FLOOR BELOW     | ✓ |
|      | MORE THAN 3 METRES AWAY    | ✓ |                 |   |

## 4.0 SITE SKETCHES

|     |               |
|-----|---------------|
| 4.1 | SITE LOCATION |
|-----|---------------|



|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>5.0</b> | <b>METHOD OF WORK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>5.1</b> | <b>WORKING PROCEDURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | <p><b>GENERAL – Site Establishment.</b></p> <p>Arrive on site and contact our Clients Site Representative and carry out site inductions as required. Ask Client's Representative to walk all personnel around the site so as to familiarise everybody with the site, its surroundings and any 3<sup>rd</sup> party risks that may now be present. Carry out a further risk assessment of these 3<sup>rd</sup> party risks as applicable.</p> <p>The work involves the removal and disposal of</p> <p><b>To set up a full enclosure &amp; carry out a smoke test for leaks.</b><br/> <b>To remove the asbestos insulation residues from pipework &amp; floor.</b><br/> <b>To remove all paint from the walls &amp; ceilings by way of wet abrasive blasting.</b><br/> <b>To carry out a full environmental clean throughout.</b><br/> <b>To carry out a 4-stage clearance with the appointed analyst.</b></p> <p><b>Locations: B1-012 B1-013 B1-014 B1-035 B1-030 B1-031 B1-032 B1-033 &amp; B1-034</b></p> <p>Within this Plan of Work the sketches shown are for reference purposes only and are to indicate the works being undertaken. All works will be undertaken in accordance with the Control of Asbestos Regulations 2012.</p> <p>Position Decontamination Unit (DCU) in the location as shown on the drawing and connect this to all required services (Water, electric and suitable drainage point). Decontamination Unit to be uncoupled from van and operatives to manually manover unit into location. Ensure this is operational before any setting up works commence.</p> <p>On arrival to site, position enclosed Hazardous Waste Vehicle in the location as agreed with the Client. Skip to be kept locked at all times except when being loaded.</p> <p>It is not practicable to attach the DCU directly to the work area therefore transit procedures will be employed.</p> <p>Depending on the Site Compound and segregation provided by the Client, when and as required, segregate the area around the DCU, using barrier tape or Herras type fencing.</p> |

| <b>5.2 NEGATIVE PRESSURE REQUIREMENTS (Allow additional 1% per metre of Flexi-duct used and 2% per elbow used) explain the calculation</b>                                                                                                                                                                                                                                                                     |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|-------------------------|-----------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|------------------------------------------|--------------------------------|--------------------------------------------------------|
| <b>If the enclosure size is less than 120 CM then air flow needs to be minimum 1000 Cubic Meters per Hours</b>                                                                                                                                                                                                                                                                                                 |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
| Enclosure / Area Reference                                                                                                                                                                                                                                                                                                                                                                                     | Average Height (Ht) (m) | Average Width (Wt) (m) | Average Length (Lt) (m) | Volume (V) in cubic meters ((Ht x Wt x Lt) + 6 per man/bag lock | Minimum Air Changes (AC) required per hour | Minimum cmh required (V x AC / 60) to provide Negative Pressure (NP) | Size of NPU(s) to be used (in cmh) = (S) | No. of Units to be used. = (N) | Approx. No. of Air Changes generated. (S x N / NP x 8) |
|                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
| <b>Calculation used to meet above requirement = ?? air changes x by ??? cm = ??? which meets the minimum of 1000 cubic metres per hour required</b>                                                                                                                                                                                                                                                            |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
| <b>RECORD OF SMOKE TEST – AREA 1</b>                                                                                                                                                                                                                                                                                                                                                                           |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
| The above enclosure has been checked for the integrity of the seals by subjecting it to a controlled smoke test and a suitable torch has been used to view the enclosure. A full external examination of the enclosure has been undertaken and we are satisfied that the enclosure is suitable for the purpose of removing asbestos as part of the controlled conditions laid down with in this plan of works. |                         |                        |                         |                                                                 |                                            |                                                                      |                                          |                                |                                                        |
| <b>For WeldLag Ltd</b>                                                                                                                                                                                                                                                                                                                                                                                         |                         |                        |                         |                                                                 | <b>For CLIENT</b>                          |                                                                      |                                          |                                |                                                        |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |                         |                                                                 | Name:                                      |                                                                      |                                          |                                |                                                        |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |                         |                                                                 | Date :                                     |                                                                      |                                          |                                |                                                        |
| Time:                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                        |                         |                                                                 | Time :                                     |                                                                      |                                          |                                |                                                        |
| Signature :                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                        |                         |                                                                 | Signature :                                |                                                                      |                                          |                                |                                                        |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                        |                         |                                                                 | Comments:                                  |                                                                      |                                          |                                |                                                        |

|                        |                                       |
|------------------------|---------------------------------------|
| <b>5.3</b>             | <b>WELFARE FACILITIES</b>             |
| FACILITIES PROVIDED BY | Client                                |
| MAXIMUM OPERATIVE USE  | Not known                             |
| POWER                  | Client                                |
| WATER                  | Client                                |
| LOCATION               | Main building or contractors compound |
| TYPE OF FACILITY       | Toilets/mess room                     |
|                        |                                       |

| 5.4 | WASTE DISPOSAL                                   |                                                       |
|-----|--------------------------------------------------|-------------------------------------------------------|
|     | STORAGE OF BAGGED WASTE                          | In Enclosed Skip                                      |
|     | LOCATION OF WASTE ON SITE                        | In Enclosed Skip                                      |
|     | LICENSED HAULIER / CARRIER                       | Foxhall Environmental, Owler lane, Birstall, WF17 9BW |
|     | CARRIERS LICENCE NUMBER                          | CBDU220386                                            |
|     | LOCATION OF LICENCED LAND FILL SITE              | Foxhall Environmental, Owler lane, Birstall, WF17 9BW |
|     | OTHER CONTAMINATED MATERIALS OR PRODUCTS ON SITE | NON-ADVISED                                           |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| <b>HOLD POINT</b> | <p>Ensure that the Decontamination Unit is fully compliant and has a valid Electrical Test Certificate, a DOP Test certificate and has a DCU clearance certificate confirming cleanliness and air clearance from previous job.</p> <p>Decontamination unit tested with RCD (Residual Current Device). Also make note in 004 Mobile Decontamination Unit Daily Inspection Record.</p> <p>Sign to confirm that the decontamination unit has been positioned as per the drawing(s), is connect to the water, power, and drainage services and that everything is working and fit for purpose prior to any works commencing.</p> <p>Sign to confirm that the waste skip is position as per drawing and as described in Waste Disposal 5.3.</p> | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
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|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
| <b>HOLD POINT</b> | <p>Using the site plan and sketches identify the works to be undertaken and show operative(s) where the protective screens / enclosures are to be erected and the entry / exit points and transit routes to be used.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
| <b>HOLD POINT</b> | <p>Ensure that copies of all the relevant documentation and certificates for the operatives engaged in this contract are available on site (Medicals, Annual Training, Face Fits etc)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
| <b>HOLD POINT</b> | <p>Sign to confirm that, where required, a suitable lockable waste container has been located on site and padlocks fitted.</p> <p>Alternatively, where waste is to be transferred, sign to confirm that all legislative waste disposal documentation has been submitted, is current and will be valid for, and within, the time scale of the works.</p>                                                                                                                                                                                                                                                                                                                                                                                    | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |
| <b>HOLD POINT</b> | <p>Ensure that Site has running Hot Water prior to commencement of works</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |             |

|  |  |             |             |
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|  |  | <u>TIME</u> | <u>DATE</u> |
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|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Area to have been emptied of stored items, redundant equipment, etc., as far as possible, prior to our commencement on site.</p> <p>Set up an exclusion zone around the work area and the decontamination unit.</p> <p>Work at height will be performed by tower scaffold / Tower ladder &amp; Hop ups</p> <p>Using the fabric of the building, timber, 1000-gauge polythene sheeting, adhesives and polycloth tapes fully enclose the area as per the attached sketches, covering over any immovable and uncontaminated items with polythene sheeting, suitably sealed with tape and adhesive, to protect these whilst the works are carried out.</p> <p>Install Man / Bag Locks, the Man / Bag Locks should have minimum internal dimensions for each compartment of 1m (width) x 1m (depth) x 2m (height) if space will allow.</p> <p>Install a viewing panels and a boot wash and RPE wash facility to the inner stage of cubicles the Man / Bag Locks.</p> <p>Install 'H' Type vacuum machines in the working enclosures together with the required hand tools and surfactant sprays.</p> <p>Install correct sized Negative Pressure units as per the calculations following each of the area sketches.</p> <p>Install viewing panels to the enclosure walls. There should be no blind spots.</p> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| <b>HOLD POINT</b> | Sign to confirm that all NPU's and Type 'H' vacuums being used on these works have both current DOP and Electrical Test Certificates and that these will be valid for the Duration of the working enclosure / contract.                                                                                                                                                                        | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>AREA 1</u>                |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |
| <b>HOLD POINT</b> | Sign to confirm that the negative pressure unit(s) (NPU) being used to place the working enclosures under negative pressure are as per the requirements detailed in the calculation sections on the correct numbered enclosure sketch, and that these are adequate for the size of the enclosure and that the exhausts are being vented to the outside of the building.                        | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>AREA 1</u>                |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |
| <b>HOLD POINT</b> | Using the Property Owner, the Site Agent, the appointed UKAS accredited Analyst, or other person of Authority as a witness, carry out a smoke test of each of the enclosures to check the integrity of the seals, recording who the witness was, and completing the ' <b>Record of Smoke Test</b> ' form(s) on Page 8, signing below to confirm that this has been carried out satisfactorily. | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>AREA 1</u>                |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |
| <b>HOLD POINT</b> | Sign to confirm that, Tower scaffolding has been erected by competent PASMA trained operative and scaffold check sheet has been filled in and signed by operative.<br><br>Sheet located in Job file.                                                                                                                                                                                           | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                |                              |             |

## Isolations for Services Within Enclosure

|                       |                  |                       |      |
|-----------------------|------------------|-----------------------|------|
| <b>HOLD<br/>POINT</b> | <b>ELECTRICS</b> | SUPERVISORS SIGNATURE |      |
|                       |                  | AREA 1                |      |
|                       |                  | TIME                  | DATE |
|                       |                  |                       |      |
| <b>HOLD<br/>POINT</b> | <b>GAS</b>       | SUPERVISORS SIGNATURE |      |
|                       |                  | AREA 1                |      |
|                       |                  | TIME                  | DATE |
|                       |                  |                       |      |
| <b>HOLD<br/>POINT</b> | <b>WATER</b>     | SUPERVISORS SIGNATURE |      |
|                       |                  | AREA 1                |      |
|                       |                  | TIME                  | DATE |
|                       |                  |                       |      |

## Method of Works

### **METHOD TO BE CARRIED OUT BEFORE ENCLOSE SETUP**

- 1, THE AREA WHERE THE STORED ITEMS HAVE BEEN STORED WILL HAVE A DOUBLE FLAP ENTRY SYSTEM INSTALLED TO THE ENTRANCE AREA. MECHANICAL FIXINGS WILL BE AVOIDED BUT WHEN REQUIRED WILL BE INTO MORTAR JOINTS & BRICKS.**
- 2, ALL ITEMS THAT ARE TO BE KEPT WILL BE CHECKED AND CLEANED AND PASSED OUT OF THE DOUBLE FLAP ENTRY SYSTEM SO THAT OTHERS CAN STORE ELSEWHERE.**
- 3, A PHOTOGRAPHIC SURVEY WILL BE CONDUCTED OF ALL WORK AREA WALLS, CEILINGS & FLOORS. ASSESMENT OF HISTORIC SIGNIFICANCE WILL BE MADE BY A CONSERVATION ACCREDITED ARCHITECT OF MATERIAL RELATING TO THE BUILDING FABRIC – ATTACHED TO THE BUILDING OR OTHERWISE.**
- 4, SAMPLES OF PAINT WILL BE TAKEN OF ALL TYPES OF PAINT WITHIN THE WORK AREA & LOCATIONS OF SAMPLES DOCUMENTED – IF SAFE TO DO SO, PAINT WILL BE ASSESSED BY A PAINT SPECIALIST.**
- 5, WHILE ALL OF THE ABOVE ARE BEING CARRIED OUT LUCION WILL BE CARRING OUT REASURANCE AIR MONITORING.**
- 6, ONCE ALL ITEMS HAVE BEEN REMOVED THE SETTING UP OF THE ENCLOSURE WILL BEGIN 1<sup>ST</sup> THE CABLES ON THE WALLS CAN BE UNCLIPPED AND PLACED AWAY FROM THE WALLS / CEILING, THE CABLES WILL BE PRE-CLEANED AND SHEETED OUT WITH 1000 G POLYTHENE.**
- 7, ANY HISTORIC FABRIC, AS IDENTIFIED IN THE SIGNIFICANCE ANALYSIS BASED ON THE PHOTO REPORT PROVIDED WILL BE PRE-CLEANED AND BOXED OUT / OR DOUBLE SHEETED WITH 1000 G POLYTHENE WHICH WILL BE TAPE SEALED.**
- 8, ONCE ALL OF THE ABOVE HAS BEEN CARRIED OUT THE ERECTION OF A FULL ENCLOSURE WILL COMENCE AS DETAILED IN THE ABOVE SECTION.**

### **Method of works to remove Insulations residues from the walls & ceilings by way of wet Abrasive blast.**

- 1, The Operatives will now change into the required PPE including disposable-coloured overalls, gloves, safety boots and their RPE and proceed to the work area via the decontamination unit.**
- 2, All paint residues to walls / ceilings within the areas, will be removed so far as is reasonably practicable by way of wet abrasive blasting. Prior to blasting all services, cables, fixtures, and fittings will be unclipped from walls following the confirmation that all isolations have been conducted and certified, this will provide operatives with access to the entirety of the surface which in turn ensures completeness. To allow this to occur additional steps will be taken, moisture barrier filters being fitted to the Negative pressure unit to prevent water ingress through the pre-filter.**
- 3, Operatives will share the use of the blasting machine to minimise manual handling. Regular cleaning of the enclosure shall be conducted including shovelling, and wet vacuuming to reduce any risk of water ingress. This will be done daily to eliminate any slips & trips risks.**
- 4, Regular personal monitoring will be conducted throughout the process, this will be attempted by PCM by conducting short term samples, at a lower flow rate and adjusted with a time weighted average, only half the filter should be mounted to allow for indirect preparation or fibre discrimination if required. Dual purpose air fed RPE incorporating dust filters must be utilised for these works along with suitable hearing protection.**
- 5, The entire area will undergo a final environmental cleaning by way of vacuuming with a H-Type vac and a wipe down with rags wetted in fibre suppressant to remove remaining traces of dust or debris. Presumed paint residues to walls / ceilings. The work area will be presented to an analyst from LUCION to conduct a thorough visual inspection, to confirm that it has been completed to an acceptable level before clearance air monitoring is conducted as part of the 4-stage clearance and**

issuing of the certificate of reoccupation.

On completion of the works, all plant and equipment to be removed from site and all waste to be disposed of to a licensed landfill site, under the Hazardous Waste Regulations.

**THE ABRASIVE BLAST SYSTEM WILL BE DELIVERED BY THE SUPPLIER ONCE THE ENCLOSURES HAVE BEEN ERRECTED AND REFRESHER TRAINING CARRIED OUT TO ALL OPERATIVES ONSITE (ONLY TRAINED WELDLAG EMPLOYEES TO OPERATE)**

## Abrasive blast set up

| Section 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Site Set up                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <ol style="list-style-type: none"> <li>1. Ensure Blasting Pots are in safe and secure area, preferably in a lockable compound.</li> <li>2. The blasting pots are in a safe working area, easy to access and not obstructing pathways or traffic.</li> <li>3. The area is flat as possible, and each blasting pot has both front brakes applied.</li> <li>4. Sufficient quantity and correct grade of blasting media is supplied.</li> <li>5. Blasting Pot has an in date for test certificate and instruction manual.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| Section 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Blasting Pot initial set up |
| <ol style="list-style-type: none"> <li>1. <u>Fill blasting vessel with water</u><br/>Place a hose pipe through top of the vessel and open the overflow valve, which is located at the side of the machine. Fill the vessel with water until water starts to come through the overflow valve. Turn off the water.</li> <li>2. <u>Fill vessel with grit.</u><br/>Fill the vessel with the correct amount of grit, ensuring the overflow valve is open. When this has been completed shut the overflow valve.</li> <li>3. <u>Connect Water Supply</u><br/>After the initial fill of the machine, connect mains water supply to the coupling on the machine with a jubilee clip. <b>Ensure that there is no interruption of the water supply to the machine while it is running as this may cause damage to the pump.</b></li> <li>4. <u>Connect Air Supply</u><br/>Connect air line from the compressor to the airline coupling on the cabinet. Ensure the use of a whip check safety device. <b>Air supply must not exceed 120psi/8 bar.</b></li> </ol> |                             |

#### 5. Connect Blast Hose and Control Lines

Connect the blast hose coupling, ensuring that all whip checks and clips are secure. Connect the yellow and green air lines to the cabinet, ensuring not to over tighten the fittings.

### Section 4

### Blasting pot operation

1. Turn on the water supply
2. Open the air inlet valve, the pump will be being to operate. The overflow valve needs to be closed.
3. Ensure the dosing valve is selected to **D**
4. Ensure the hopper and top tank seal is free from grit
5. Grit valve and wash water valve needs to remain closed
6. Water will rise in the vessel, when it is visible inside the hopper, pull up the handle connected to the top tank seal
7. Hold the handle firmly upwards until the pressure in the vessel starts to rise. The pressure shall self-regulate up to 12 bar then stop.
8. Turn the dosing valve to the desired blasting number and open the grit valve
9. Open the green supply valve the whipend
10. Pull up the emergency stop
11. Blasting vessel is ready to operate

### Section 5

### blasting Vessel refill

1. Blasting operation needs to stop
2. Press emergency stop button and close the green supply valve
3. Close the air inlet valve and select **D** on the dosing valve
4. Open the overflow valve which will depressurise the vessel
5. Fill the vessel with the correct amount of grit, ensuring the overflow valve is open. When this has been completed shut the overflow valve.
6. Open the air inlet valve, the pump will being to operate. The over flow valve needs to be closed.
7. Ensure the dosing valve is selected to **D**
8. Ensure the hopper and top tank seal is free from grit
9. Grit valve and wash water valve needs to remain closed.
10. Water will rise in the vessel, when it is visible inside the hopper, pull up the handle connected to the top tank seal.
11. Hold the handle firmly upwards until the pressure in the vessel starts to rise. The pressure shall self-regulate up to 12 bar then stop.
12. Turn the dosing valve to the desired blasting number and open the grit

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                              |             |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-------------|
|                                      | valve.<br><br>13. Open the green supply valve to the whipend<br>14. Pull up the emergency stop<br>15. Blasting vessel is ready to operate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                              |             |
|                                      | <div style="background-color: #cccccc; padding: 2px; display: flex; justify-content: space-between;"> <span>Section 6</span> <span>Grit selection and wash water</span> </div> <div style="border: 1px solid black; padding: 5px;">         1. When blasting is in operation the grit valve needs to remain open and the wash water needs to remain shut, this ensures the vessel will blast with a grit mixture only.<br/>         2. To blast with water only and wash down a surface, shut the grit valve and open the wash water, this will prevent any grit passing into the blast lines.<br/>         3. Selecting a higher number on the dosing valve will provide more grit to the blast lines.       </div>                                                                                                                                                                                                       |  |                              |             |
|                                      | <div style="background-color: #cccccc; padding: 2px; display: flex; justify-content: space-between;"> <span>Section 7</span> <span>Blasting Vessel Shut down procedure</span> </div> <div style="border: 1px solid black; padding: 5px;">         1. Blasting operation needs to stop<br/>         2. Press emergency stop button and close the green supply valve.<br/>         3. Close the air inlet valve and select the dosing valve to <b>D</b><br/>         4. Open the overflow valve which will depressurise the vessel.<br/>         5. Close the water supply       </div>                                                                                                                                                                                                                                                                                                                                      |  |                              |             |
|                                      | <p>ONCE ALL OF THE ABOVE IS SETUP AND READY TO BEGIN WELDLAG WILL CARRY OUT A TEST SECTION OF 1M2 OF WALL IN A DISCREET LOCATION WHERE THE WET BLAST SYSTEM WILL BE SET ON THE LOW SETTING AND LOW-GRADE GARNET TO BE USED. THIS WILL THEN ALLOW WELDLAG TO INSPECT THE TEST AREA OF BRICK &amp; MORTAR TO ENSURE NO DAMAGE HAS TAKEN PLACE TO THE HISTORIC FABRIC. THE ABRASIVE BLAST MACHINE IS OPERATED BY A 1-3 SETTING, 1 BEING THE LOWEST AND 3 BEING THE HIGHEST. ALL SETTINGS CAN BE DEMONSTRATED ON THE TEST AREA. WE ANTICIPATE THROUGH PAST EXPERINVCE &amp; SUPPLIER KNOWLEDGE THAT WE WILL ONLY NEED TO RUN THE MACHINE ON THE NUMBER 1 SETTING. FOLLOWING TESTS, PICTURES CAN BE TAKEN FOR OTHERS TO SEE WHAT THE FINISH ON THE WALLS WILL BE LIKE. THE MACHINE MANUFACTUARER HAVE PROVIDED A RISK ASSESMENT TO SUPPORT THE HIRE OF THE BLAST AND THERE IS NO RISK OF VIBRATION WHEN USING THIS MACHINE.</p> |  |                              |             |
| Estimated time for Visual inspection | TO BE AGREED WITH LUCION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |             |
| <b>HOLD POINT</b>                    | Sign to confirm that 4 stage clearances have been carried out by an Analyst from a UKAS accredited Laboratory that these were satisfactory, and that Certificates of Reoccupation have been issued to ourselves for each area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                              |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <u>SUPERVISORS SIGNATURE</u> |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <u>TIME</u>                  | <u>DATE</u> |

**All documentation including air tests and Certificates of Reoccupation should be provided to the Clients Site Agent, the Analytical Company will provide copies to our Offices for archiving / transferring into the Health & Safety File as / if required.**

|                   |                                                                                                                                                                                                      |                              |             |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| <b>HOLD POINT</b> | Sign to confirm that, on the completion of the works to all areas, a DCU inspection certificate has been issued for the DCU and that it is displayed in the clean end before removing DCU from site. | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                                                                                      |                              |             |
|                   |                                                                                                                                                                                                      | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                                                                                      |                              |             |

|                   |                                                                                                                                          |                              |             |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| <b>HOLD POINT</b> | Sign to confirm that asbestos enclosure handover form has been completed and signed by Site Supervisor.<br><br>Sheet located in Job File | <u>SUPERVISORS SIGNATURE</u> |             |
|                   |                                                                                                                                          |                              |             |
|                   |                                                                                                                                          | <u>TIME</u>                  | <u>DATE</u> |
|                   |                                                                                                                                          |                              |             |

| 6.0 | OTHER RELEVANT SITE-SPECIFIC INFORMATION |                         |
|-----|------------------------------------------|-------------------------|
| 6.1 | DECONTAMINATION UNIT (DCU)               |                         |
|     | DCU PROVIDED BY                          | WeldLag Limited         |
|     | NUMBER OF SHOWERS                        | 1                       |
|     | MAXIMUM OPERATIVE USE                    | 4                       |
|     | POWER                                    | Generator or Mains 240V |
|     | WATER                                    | Mains Cold Water/bowser |
|     | DCU CLEARANCE TESTING                    | Before Leaving Site     |
|     | LOCATION                                 | As per site sketch      |

| 6.2 | EXIT / ENTRY PROCEDURES |                                                                                                                                                                                                            |
|-----|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | ACCESS                  | Via transit route. All operatives and visitors to site are to be inducted into the site and shall be fully aware of the plan of work and its requirements.                                                 |
|     | TRANSIT                 | At start of working day – At Break / Lunch time(s) – At end of working day. Transit times to be advised to all other personnel and the transit routes to be vacated and cleared by others where necessary. |

| 6.4 | EMERGENCY PROCEDURES |                                                                                                           |
|-----|----------------------|-----------------------------------------------------------------------------------------------------------|
|     | FIRE                 | Sound Air Horn or Shout 'Fire, Fire, Fire' if working with an occupied building, activate fire call point |
|     | MUSTER POINT         | To be agreed with the Client                                                                              |
|     | FIRE MARSHALL        | Site Manager / Site Supervisor                                                                            |
|     | FIRST AID            | At Company Vehicle, adj. to Decontamination Unit.<br>(First Aider identified at induction)                |



|  |                                                                   |                           |
|--|-------------------------------------------------------------------|---------------------------|
|  | DATE OF ISSUE                                                     | 19/06/2020                |
|  | ISSUED TO                                                         | All Sites and Supervisors |
|  | <b>HEALTH AND SAFETY AUTHORITY OFFICE ISSUE</b>                   |                           |
|  | HSE Bootle Redgrave Court, Merton Rd., Bootle, Merseyside L20 7HS |                           |

## 8.0 SITE INDUCTION AND ACKNOWLEDGEMENT

|     |                                                  |
|-----|--------------------------------------------------|
| 8.1 | Site Induction and confirmation of Understanding |
|-----|--------------------------------------------------|

**To be read and signed by Site Supervisor and all Operatives after reading the Method Statement and Asbestos Assessment.**

**This Plan of Work / Method Statement and Asbestos Assessment (s) should be located adjacent to the entry point into the work area.**

**The Site Supervisor is responsible for demonstrating and reviewing all methods contained within these documents as the work proceeds.**

**No changes to the methodology contained within these documents will be allowed without the express permission of the Operations Director. Such changes must be recorded in the departure section of this plan of work, together with any changes to the asbestos assessment.**

**I have read and understood the Method Statement, Asbestos Assessment and the documents detailed.**

[illegible]

## STEP 1

|                    |             |
|--------------------|-------------|
| Company            | WELDLAG LTD |
| Date of assessment | 09/01/2025  |
| Performed by       | P Clarkson  |

|            |                  |
|------------|------------------|
| Department | Operations       |
| Section    | Asbestos removal |
| Location   | Victoria Baths   |

### Work Details:

To set up a full enclosure & carry out a smoke test for leaks.  
 To remove the asbestos insulation residues from pipework & floor.  
 To remove all paint from the walls & ceilings by way of wetabrasive blasting.  
 To carry out a full environmental clean throughout.  
 To carry out a 4-stage clearance with the appointed analyst.

Locations: B1-012 B1-013 B1-014 B1-035 B1-030 B1-031 B1-032 B1-033 & B1-034

Work Duration: - 86 Days

Work frequency  
Single operations.

## STEP 2

### Control Measures

Enclosure under negative pressure surfactant solutions to spray wherever possible H type vacuum wet vapour barriers to negative pressure units

### Reason for using RPE

Residual risk  
Short duration work  
  
Emergency escape  
Interim measure  
Emergency work rescue

|   |
|---|
| X |
|   |
|   |
|   |
|   |
|   |

### Confined space working

Confined space?  
Risk of Oxygen deficiency?  
Substance release?

| Unsure | No | Yes |
|--------|----|-----|
|        | X  |     |
|        | X  |     |
|        | X  |     |

Seek specialist Advice

Go to  
STEP 3

Comply with Confined Spaces Regulations.  
Use only breathing apparatus with PF of 40, unless a higher PF is indicated in STEP 3

## STEP 3

| Substance           | Risk phrase  | HHG | Amount | Dust/Vol | PF |
|---------------------|--------------|-----|--------|----------|----|
| Chrysotile          | R45, R48/R23 | E   | MEDIUM | MEDIUM   | 40 |
| Amosite             | R45, R48/R23 | E   | MEDIUM | MEDIUM   | 40 |
|                     |              |     |        |          |    |
| Highest PF required |              |     |        |          | 40 |

## STEP 4

### Task related factors

Medium  
>1 hr  
no  
no  
no

Work rate Heavy, Medium, light  
Wear time > 1hr, < 1hr  
Abnormal temperature or humidity  
Power tools used, list below

yes  
no  
no  
no  
yes

Clarity of vision critical  
Clarity of communication critical  
Congested work area  
Potentially explosive area  
Mobility critical

User's Name

### Wearer related factors

No  
No  
No

Headgear (turban etc)  
Facial hair  
Facial Markings

No  
No  
No

Spectacles or contact lenses worn  
Eye, head, ear or facial protection  
Medical condition, seek medical advice

Select RPE using this information and PART 2 or show this form to your supplier/ specialist advisor.  
Involve the wearer and provide a choice of RPE

RPE Selected:  
Respirator type: TM3 full face  
Filter; P3

## STEP 5 Fit test tight fitting RPE, and implement PRE use in the workplace

Signature of assessor:  
P. Clarkson

## ASBESTOS ASSESSMENT

Summary of Control Measures as required by, and in accordance with Regulation 6, ACoP L143 - The Control of Asbestos Regulations 2012.

| LOCATION OF ASBESTOS<br>AND<br>WORK TASK SCHEDULE | ENVIRONMENT   |                     |                 |               | CONTROL MEASURES      |                      |               |                    |                 |                  | EXPECTED EXPOSURES |                                                       |                       |  | R.P.E                |                     |                    |
|---------------------------------------------------|---------------|---------------------|-----------------|---------------|-----------------------|----------------------|---------------|--------------------|-----------------|------------------|--------------------|-------------------------------------------------------|-----------------------|--|----------------------|---------------------|--------------------|
|                                                   | FLOOR / LEVEL | ENCLOSURE REFERENCE | MEANS OF ACCESS | SAMPLES TAKEN | WRAP & CUT / GLOVEBAG | INJECTION / TORSTRIP | SHADOW VACUUM | LOW PRESSURE SPRAY | CAREFUL REMOVAL | TYPE ' H' VACUUM | EXPECTED EXPOSURE  | ESTIMATED HOURS OF EXPOSURE PER WORK / ENCLOSED AREA. | EXCEEDS CONTROL LIMIT |  | DISPOSABLE COVERALLS | POWER ASSISTED MASK | ORINASAL HALF MASK |
|                                                   |               |                     |                 |               |                       |                      |               |                    |                 |                  |                    |                                                       |                       |  |                      |                     |                    |
| Set up of the work area.                          | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.01              |                                                       | N                     |  | X                    |                     | X                  |
| Removal of insulation residues to pipework        | G             | 01                  | F / T           | Y             |                       |                      | X             | X                  | X               | X                | <0.20              |                                                       | N                     |  | X                    | X                   |                    |
| Removal of paint/residues to walls & ceiling      | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.20              |                                                       | N                     |  | X                    | X                   | X                  |
| Removal of insulation residues to the floors      | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.20              |                                                       | N                     |  | X                    | X                   |                    |
| Environmental clean                               | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.01              |                                                       | N                     |  | X                    | X                   |                    |
| Bag Removal and Transiting.                       | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.01              |                                                       | N                     |  | X                    | X                   | X                  |
| Clearance process with Analyst                    | G             | 01                  | F / T           | N             |                       |                      | X             |                    |                 | X                | <0.01              |                                                       | N                     |  | X                    | X                   |                    |
| Dismantle area.                                   | G             | 01                  | F / T           | N             |                       |                      | X             | X                  | X               | X                | <0.01              |                                                       | N                     |  | X                    |                     | X                  |
|                                                   |               |                     |                 |               |                       |                      |               |                    |                 |                  |                    |                                                       |                       |  |                      |                     |                    |

**Abbreviations:** F = by foot, L = step ladder, T = alloy tower, S = specialist scaffolding, M = mewp, X = required, W = wrap & cut, G = glovebag, Y = yes, N = no