



Visual Clearance Certificate (Asbestos Removal) (AR4)

- For class A licensed asbestos removal work, an asbestos assessor (independent to the asbestos removalist) must conduct air monitoring, conduct a visual clearance inspection and have a clearance certificate.
- For Class B licensed asbestos removal work a competent and independent person must conduct a visual inspection of the removal area and issue a clearance certificate.
- Air monitoring, clearance inspections and clearance certificates must be issued prior to re-occupancy by unprotected workers.

A clearance inspection can only be conducted after all asbestos-containing material (ACM) has been removed, wrapped and stored in a collection container and all asbestos fragments and dusts have been collected and sealed in the same manner. **Barriers and signage must remain in place until the competent person issues a visual clearance certificate.**

Asbestos Assessor Name	Assessor Number
<input type="text"/>	<input type="text"/>
Competent Person Name	Australian business number
<input type="text"/>	<input type="text"/>
Address of Work Site	Date of inspection
<input type="text"/>	<input type="text"/>
Name of Licence Holder	Registration number
<input type="text"/>	<input type="text"/>
Owner of Work Site	Phone Number
<input type="text"/>	<input type="text"/>
Occupier of Work Site (Person/Company)	Phone Number
<input type="text"/>	<input type="text"/>
Location of Removal Area	
<input type="text"/>	

Visual Inspection Check List	Still Contaminated	Visually Clear	Initials
Building ledges	<input type="checkbox"/>	<input type="checkbox"/>	
Tops of rafters and purlins	<input type="checkbox"/>	<input type="checkbox"/>	
Top of wall girts	<input type="checkbox"/>	<input type="checkbox"/>	
Top of ducts and cable trays	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding roof areas	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding floors including cracks/ crevices	<input type="checkbox"/>	<input type="checkbox"/>	
Drains, depressions and grassed surrounds	<input type="checkbox"/>	<input type="checkbox"/>	
Access equipment used during removal work	<input type="checkbox"/>	<input type="checkbox"/>	
Other areas as relevant	<input type="checkbox"/>	<input type="checkbox"/>	

Include relevant notes or observations by person inspecting work area

Statement:

I, the undersigned, have conducted a visual inspection of the asbestos removal area identified in this document and required in accordance with relevant regulations and code of practice. Subject to the notes or observations included by me I **have/have not** found visual evidence of ACM remaining inside the removal area.

Name Signature.....

Date..... Time.....am/pm