

SITE ASSESSMENT SHEET

CUSTOMER	Inner City Environmental	REPORT	JW-14-037
JOB NUMBER	C14506-05	Sheet No.: 1 of 1	

This Assessment should be carried out in conjunction with CE's Generic Risk Assessments and the Customer's Site Risk Assessment .

Has a site assessment already been completed during this visit? No Yes If "NO", complete all Sections below
If "YES", have the risks changed? If "YES", complete all Sections below

Are all trade specific tasks to be carried out adequately covered by CE's Generic Risk Assessments?
 Please indicate by stating Yes or No or N/A in box. Yes

If answer is no a separate Risk Assessment should be carried out by Analyst prior to commencement of work.

Are fire and emergency evacuation procedures in place and available for review?
 Please indicate by stating Yes or No or N/A in box. Yes

If answer is no, detail why.

Are all potential hazards on site adequately covered by the Customer's site Risk Assessment?
 Please indicate by stating Yes or No or N/A in box. Yes

If answer is no a separate Risk Assessment should be carried out by the Analyst prior to commencement of work.

Are there any biological hazards on site not adequately covered by the Customer's site Risk Assessment?
 Please indicate by stating Yes or No or N/A in box. No

If the answer is yes, specific details should be entered on the Air Monitoring Report Sheet.

Lighting

Type of light:	Natural Lighting	<input type="checkbox"/> Yes	Please indicate by stating YES in relevant box
	Permanent lighting	<input type="checkbox"/> No	
	Temporary Lighting	<input type="checkbox"/> Yes	

Is there adequate lighting to allow site inspections to be carried out efficiently?
 Please indicate by stating yes or no in box. Yes

If adequate lighting is not available no work should be carried out and specific details entered on Air Monitoring Report Sheet.

Job Specifics

Material removed:	FLOOR TILES	Must be completed
	ARTEX	
Area removed from:	CEILINGS AND FLOOR	Must be completed

RPE and Personal Decontamination

R.P.E. selected	Ori Nasal Half Mask with P3 filtration OR Full Faced Powered Mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate by stating YES/NO in the relevant box
	Was selected RPE suitable and adequate?	<input type="checkbox"/> Yes	
	If not, why?	<input style="width: 200px;" type="text"/>	

Personal Decontamination

Personal Decontamination	Was a Decon unit available for your use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did you use the facility on offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

No on site Documentation should be produced until the above details are completed and the Sheet signed by the Analyst. This Assessment covers all work and associated Reports relating to this site during this visit.

ANALYST NAME: Print J.WOOD SIGNATURE



AIRBORNE FIBRE COUNTING CERTIFICATE

FIBRE COUNTING
SAMPLING OF AIR FOR FIBRE COUNTING
FOUR STAGE CLEARANCE PROCESS

8154

THIS DOCUMENT IS NOT VALID WITHOUT SHEETS 2,3,4 AND 5..

CUSTOMER: Inner City Environmental REPORT NO.: JW-14-037
JOB NO: C14506-05
SITE ADDRESS: FOUNTAIN PLACE, BRIXTON
LONDON SW9 7RE

TEST DATE: WEDNESDAY 15th JANUARY 2014

ENCLOSURE SIZE (approx.): N/A m³ MIN SAMPLES REQUIRED N/A

FORMULA: $(1000 \times N \times D^2) / (V \times n \times d^2)$ SHEET NO.: 1 OF 5
(1000 X Fibres x Exposed Filter Diameter Squared) / (Volume x Fields x Graticule Size Squared)

SAMPLE NO.	SAMPLE LOCATION	VOLUME SAMPLED TOTAL	FIELDS COUNTED	FIBRE COUNT TOTAL	FIBRES PER ML (3 DECIMALS)	* FIBRES PER ML
JW032-1	FLAT 11 IN HALLWAY	480.0	200	4	0.002	<0.01
JW037-2	FLAT 9 IN HALLWAY	492.0	200	2.5	0.001	<0.01

TEST CODE: R=REASSURANCE

Sampling and Testing is carried out in accordance with current legislation as detailed in the Analyst Guide HSG 248 and Company In-House Procedures.

"This Report should be considered a complete and final copy, a PDF of which will be issued to the customer's head office upon payment of invoice. Any amendments made to this Report on site by the analyst will be made by hand and initialled by him / her. The Amendments Authorisation box on page 1 of this Report will also be signed by the analyst"

ANALYST NAME: J.WOOD
ANALYST SIGNATURE: *J Wood*
REPORT PRODUCED ON DATE: 15/01/2014

FOR OFFICE USE ONLY
AMENDMENT AUTHORISATION
AUTHORISATION SIGNATURE: _____
This Report has been amended and all amendments authorised by the relevant analyst.



AIRBORNE FIBRE COUNTING CERTIFICATE

FIBRE COUNTING
SAMPLING OF AIR FOR FIBRE COUNTING
FOUR STAGE CLEARANCE PROCESS

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CUSTOMER: Inner City Environmental

REPORT NO.: JW-14-037

JOB NUMBER: C14506-05

TEST CODE: R=REASSURANCE

SHEET NO.: 2 OF 5

TEST TYPE	SAMPLE NO	PUMP NO	COWL NO
R	JW037-1	P03	C09
R	JW037-2	P04	C10

TEST START TIME	(+) FLOW RATE START	FLOW RATE FINISH	TEST FINISH TIME	TOTAL OF MINUTES
13:26	12.0	12.0	14:08	42
13:29	12.0	12.0	14:10	41

60 MINS	120 MINS	180 MINS	240 MINS
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AIR DISTURBANCE CARRIED OUT: NO

FLOW METER NO: CAM-HF03

MICROSCOPE SET UP: YES

If Yes

NPL BAND ACHIEVED: 5

GRATICULE DIAMETER ACHIEVED: 100

EXPOSED FILTER DIAMETER: 22.5 mm

IF YES, HOW? N/A

HOW LONG? _____ mins

CALIBRATED WATCH REF NO: CAM-MM02

THERMOMETER READING: 8 c

BAROMETER READING: 1000 Mb

LABORATORY REFERENCE: LN63WBW

NOTE:

(*) UNCERTAINTY OF MEASUREMENT: The lower limit of accurate measurement (fibre level, f/ml) of the above method is stated in the HSG 248 as about 0.010 fibres/ml. When the sample volume is equal to or greater than 480 litres and 200 graticule fields are examined, the result may be expressed as <0.01 Of/ml. For sample volumes below 480 litres and counts of less than 200 graticules, the lower limit of accurate measurement will be higher.

(+) ACTUAL FLOW RATE: Determined by averaging the calibrated intermediate flow rate and/or where differences in ambient temperatures and/or pressures between the calibration and sampling sites are greater than 5%.

ANALYST NAME: J. WOOD ANALYST / AUTHORISATION SIG: *J Wood*

AIRBORNE FIBRE COUNTING CERTIFICATE

 FIBRE COUNTING
 SAMPLING OF AIR FOR FIBRE COUNTING
 FOUR STAGE CLEARANCE PROCESS

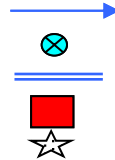
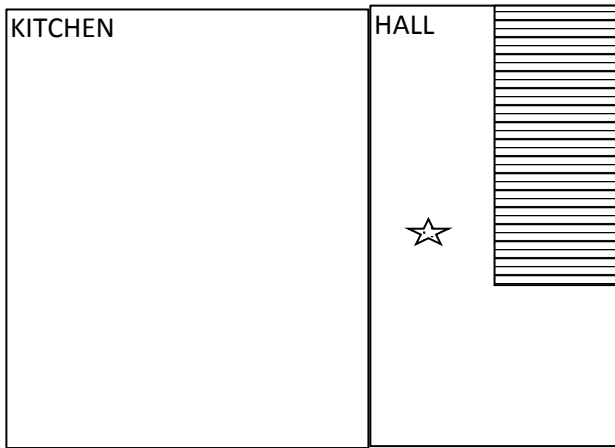
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 CUSTOMER: Inner City Environmental
 JOB NO C14506-05

 REPORT NO: JW-14-037

 SHEET NO: 3 OF 5

DIAGRAM LOCATION:



ANY DIAGRAM SHOWN IS NOT TO SCALE BUT IS AS DETAILED AS PRACTICALLY POSSIBLE.

 ANALYST NAME J.WOOD ANALYST / AUTHORISATION SIG. 



AIRBORNE FIBRE COUNTING CERTIFICATE

FIBRE COUNTING
SAMPLING OF AIR FOR FIBRE COUNTING
FOUR STAGE CLEARANCE PROCESS

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CUSTOMER Inner City Environmental
JOB NO C14506-05

REPORT NO: JW-14-037

SHEET NO: 4 OF 5

COMMENTS:

Artex on concrete to ceilings and floor tiles to floor are being removed from the flats to fountain Place.

Reassurance testing was carried out to find the airborne fibre level after the removal of artex and floor tiles from the hallway areas to flat 9 and 11.

The results were satisfactory allowing for works to continue as per plan of works.

"Opinions and Interpretations expressed herein are outside the scope of UKAS Accreditation"

ANALYST NAME

J.WOOD

ANALYST / AUTHORISATION SIG.

Clearway Asbestos Management Ltd T/A: Clearway Environmental, 62-64 Southchurch Avenue, Southend on Sea, Essex, SS1 2RR

THIS DOCUMENT IS NOT VALID WITHOUT SHEETS 1,2,3 AND 4

SITE ATTENDANCE SHEET

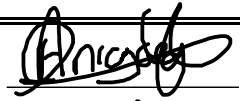

Sheet No.: 5 of 5

CUSTOMER	<u>Inner City Environmental</u>	REPORT	<u>JW-14-037</u>
JOB NO	<u>C14506-05</u>		
CUSTOMER ADDRESS	<u>Suite 50, Churchill Square, Kings Hill, West Malling Kent ME19 4YU</u>		
DATE	<u>WEDNESDAY 15th JANUARY 2014</u>		
SITE ADDRESS	<u>FOUNTAIN PLACE, BRIXTON</u>		
	<u>LONDON SW9 7RE</u>		
TOTAL TRAVEL HOURS	<u>4:00</u>	LIST OF ATTACHED DOCUMENTS	
TOTAL HOURS ON SITE	<u>7:00</u>	<u>n/a</u>	
NORMAL OR OUT OF HOURS	<u>Normal Working Hours</u>		
EXPENSES INCURRED	£ <u>0.00</u>		

NAME OF REMOVAL CONTRACTOR IF DIFFERENT TO CUSTOMER	<u>N/A</u>
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EXCESS GRATICULES READ	<u>0</u> (Excess graticules is defined as follows: "Graticules read beyond 2400 in a daily working shift")
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CONTRACT REVIEW	<u></u>
Two Reassurance tests also required when on site not part of original booking	
<u></u>	
<u></u>	
<u></u>	

SITE CONTACT NAME: Print	<u>ALAN NIGHTINGALE</u>	SIGNATURE	
ANALYST NAME: Print	<u>J.WOOD</u>	SIGNATURE	

NO ON SITE DOCUMENTATION WILL BE RELEASED UNTIL THE ABOVE DETAILS ARE COMPLETED AND SIGNED BY THE SITE CONTACT PERSONNEL