

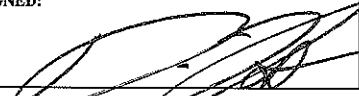


INSPECTION REPORT



1. AIR MONITORING	<input checked="" type="checkbox"/>	4. NEGATIVE PRESSURE	<input type="checkbox"/>	7. WASTE HANDLING	<input type="checkbox"/>
2. SITE ISOLATION	<input type="checkbox"/>	5. PERSONAL PROTECTIVE EQUIPMENT (PPE)	<input type="checkbox"/>	8. CLEANING	<input type="checkbox"/>
3. FACILITIES/EQUIPMENT	<input type="checkbox"/>	6. DUST SUPPRESSION	<input type="checkbox"/>	9. OTHER	<input type="checkbox"/>

ITEM	DESCRIPTION	ACTION BY
2.1	CONTRACTOR HAS ADEQUATELY ISOLATED THE WORK AREA WITH POLY COVERING THE FLOOR AND WALLS	
2.2	PROPER SIGNS ARE PASTED OUTSIDE THE WORK AREA	
3.1	ALL NECESSARY EQUIPMENT IS ON SITE	
4.1	1 D.O.P. TESTED (07/12/17) NEAR AIR MACHINES IS SETUP TO EXHAUST OUTSIDE THE BUILDING.	
5.1	ALL WORKERS REQUIRED TO WEAR FULL FACE PAPRS AND DISPOSABLE COVERALS.	
6.1	AIRLESS SPRAYER IS ON SITE TO CONTROL DUST	
7.1	ALL WASTE TO BE DISPOSED IN ASBESTOS MARKED BAGS.	
8.1	CONTRACTOR TO REMOVE ASBESTOS-CONTAINING PLASTER CEILING	
9.1	CONTRACTOR HAS PASSED INSPECTION AND MAY START REMOVAL	
9.2	REMEDIATION WILL RETURN FOR FURTHER INSPECTION	

SIGNED: 	DATE (YEAR / MONTH / DAY): 07-12-17	PINCHIN FILE NUMBER: 44433	REPORT NUMBER: 1	PAGE: 2 OF 2
--	-------------------------------------	----------------------------	------------------	--------------

TO:	SEAN THREAGHT PETER BENSLEY JENNIFER XU	COMPANY:	YORK UNIVERSITY HIGH POINT BROWN DANIELS	CONTACT INFORMATION (MAIL/EMAIL/FAX):
-----	---	----------	--	---------------------------------------

PROJECT:	YORK UNIVERSITY - WINTERS. COLLEGE	PINCHIN FILE NUMBER:
----------	------------------------------------	----------------------

PROJECT ADDRESS:	NUMBER OF WORKERS:
	2

INSPECTOR:	D. NEWTON	TIME IN:	10:00	TIME OUT:	13:30
------------	-----------	----------	-------	-----------	-------

WORK AREA / WORK IN PROGRESS:
AIR CLEARANCE TEST - TYPE 3, BASEMENT CORRIDOR.
PASS

→ THE 3 PCM AIR CLEARANCE RESULTS INDICATE THAT THE AIRBORNE FIBRE LEVELS INSIDE THE WORK AREA ARE < 0.01 f/l OF AIR AND ∴ WITHIN ACCEPTABLE LIMITATION, AS PER O. REG 272/05
 → CONTRACTOR MAY DISMANTLE THE WORK AREA.

CASSETTE / SAMPLE NO.	PUMP NO.	START TIME	DURATION (Minutes)	FLOW RATE (L/min)	SAMPLE VOLUME (Litres)	DESCRIPTION OF SAMPLE	RESULT
158111	12	10:25	160	15	2400	CLR - TYPE 3	20.01
158110	19	10:25	160	15	2400	CLR - TYPE 3	20.01
158121	994	10:25	160	15	2400	CLR - TYPE 3	20.01

SIGNED:	DATE (YEAR / MONTH / DAY):	REPORT NUMBER:	PAGE:
<i>D. Newton</i>	07-12-19	3	1 OF 1