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| **Department:** | **City of Nanaimo** |  |
| **Subject:** | **AC Pipe** Procedures **Training Checklist** |

**(Complete this form with your supervisor and return to Human Resources)**

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| **Employee Name:** | |  |  | **Department:** |  |
| **Trainer:** |  | |  | **Worksite:** |  |

*Tick the boxes as each topic is covered.*

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| **Pre-Set Up Checklist** |
| * Worker has received AC Pipe Awareness Safety Talk. * Worker has reviewed and understands the AC Pipe Exposure Control Plan. |
| * Worker is able to list off all specific hazards (Asbestos, Silica, Heat, Etc). |
| * Worker is able to identify appropriate equipment and PPE |
| * All onsite hazards have been identified |
| * Excavation and location of services appropriate to City program and regulations |
| * Worker understands how to set up an “Asbestos Work Zone” (10’ around cut zone) |
| * Worker understands / demonstrates how to don all applicable PPE * All other proximal workers / public are made aware of the “Asbestos Work Zone” |
| **Procedure Checklist**   * PPE maintained throughout procedure * Water flow on cutting area maintained throughout cutting process |
| * Worker demonstrates efficient and safe use of cutting device * Tools are thoroughly cleaned before removal * Asbestos waste is bagged appropriately OR left in trench appropriately and marked   **Post Procedure / Decontamination**   * Worker cleans boots thoroughly * Removes overalls, respirator cartridges then gloves and disposes appropriately * Worker takes down barrier and disposes of tape in trench if AC left in. * Washes face, hands and PPE with disposable cloth and disposes appropriately * Worker can explain appropriate procedure for waste AC Pipe disposal. |
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| ***Trainer Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Training Complete (YES)/(NO) if no explain:** |

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all relevant regulations, policies, procedures, and instructions while I am onsite or representing the company.

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| **Worker Signature:** |  |  | **Date:** |  |
| **Trainer Signature:** |  |  | **Date:** |  |

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| **Revised: June 03, 2010** | **Approved by: Rick Kroeker** |