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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.

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

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