

**INSTRUCTION TO CARRY OUT SURVEY**

Please return completed form and required documentation to CES Enquires@fibres.co.nz

**SECTION A: GENERAL**

Requested by: \_\_\_\_\_ On: \_\_\_\_\_

Client Name: \_\_\_\_\_ Works Order/OP no: \_\_\_\_\_

Contact (Name & Tel No): \_\_\_\_\_

Survey Site Address: \_\_\_\_\_

Building Name: \_\_\_\_\_

Date Survey required by: \_\_\_\_\_ Report Due Date Agreed (Ref quote): \_\_\_\_\_

TYPE of SURVEY REQUESTED (Circle): Management Refurbishment Demolition

Client Imposed Restrictions on Survey and why:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Client Acknowledgement on Survey Restrictions:

I Understand that if the Survey is restricted for the type of work that is planned to take place in the building then potentially as the representative of the PCBU you may not have undertaken your Due Diligence required by the HSW Act 2015 and the main contractor engaged to carry out the work may request further survey works to be undertaken to satisfy their Due Diligence under the HSW Act 2015 and the Asbestos Regulations.

I/We as the authorised party representing the client, acknowledge and understand that placing restrictions of the Survey requested may mean that further investigation works may be required to comply with the HSW Act 2015 and the current Asbestos Regulations.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: SURVEY**

Any information on asbestos materials used in the property will assist in carrying out the survey. Please provide the following information (tick boxes, as appropriate). (It is accepted that not all information may be available):

Surveying to be carried out during (select one): NORMAL BUSINESS HOURS / OUT OF HOURS

If out of hours, will tenant occupying the space during normal business hours?  YES  NO

The property will be unoccupied during the time of survey:  YES  NO

Existing Plans of property provided  YES  NO

Existing Asbestos register or other information regarding asbestos provided:  YES  NO

Approximate Age of Property/ year constructed: \_\_\_\_\_ Approximate size \_\_\_\_\_

Current use of building: \_\_\_\_\_

NOTES:

- 7 The survey, sampling and analysis of suspect asbestos materials will be carried out in accordance to: HSE publications HSG248 and HSG264, WorkSafe guidance on Conducting Asbestos Surveys published October 2016.
- 8 The survey will locate the presence, extent and condition of any asbestos materials in the property, as far as is reasonably practicable. Please note that during Management Surveys intrusion works that would permanently damage assessed surface, are not carried out; therefore, if such intrusion is required a Refurbishment Survey is recommended.
- 9 Structures at heights greater than 4 metres will not be inspected unless suitable scaffolding is available. Electrical, mechanical, gas and pressure plant/machinery will not be inspected, unless supervision of competent person is provided.
- 10 The customer must ensure that the surveyor can gain entry to all areas of the property that is to be surveyed.
- 11 If suspect asbestos materials in poor condition are found in locations readily accessible to building users, air tests may be carried out at the discretion of the surveyor.
- 12 Capital Environmental Services will not commence the survey until the completed form and information requested has been returned.



Previous uses of building if known:

\_\_\_\_\_

**Any special instructions/restrictions in regard to Entry and Access to parts of the building etc.:**

\_\_\_\_\_  
\_\_\_\_\_

**Scope of intended Work to be undertaken in the building: (Provide details)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information from Architects, Surveyors and others with knowledge of asbestos materials present in the property provided:  YES  NO

Details: \_\_\_\_\_  
\_\_\_\_\_

Information provided on any past significant alterations or refurbishments:  YES  NO

Details: \_\_\_\_\_  
\_\_\_\_\_

Please advise CES of other possible hazards present on the premises

- Confined spaces  YES  NO  N/A
- Fall Risks  YES  NO  N/A
- Methamphetamine contamination  YES  NO  N/A
- Other: \_\_\_\_\_

Please provide the buildings current Hazard Register and details anchorage points for harnesses and incumbent services maintenance contractors:

- Lift  YES  NO  N/A
- Fire Smoke detection  YES  NO  N/A
- Mechanical Services  YES  NO  N/A
- Building Management Unit  YES  NO  N/A
- Electrical  YES  NO  N/A
- Hydraulic  YES  NO  N/A

**CONTACT DETAILS**


**SECTION C: ACKNOWLEDGEMENT**

I / We \_\_\_\_\_ (Name(s)) as an authorised representative of \_\_\_\_\_ (Company Name) have read and understood the above material, associated terms and conditions as provided by CES, any RFP / Quotes provided by CES in relation to this survey works, and the information provided on our website including the [General Information section](#).

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

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