

SITE ASSESSMENT SHEET

CUSTOMER OMEGA ENVIRONMENTAL SERVICES **REPORT** LS-16-684
JOB NUMBER C16611-73

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 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. N/A
 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. N/A
 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. N/A
 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. N/A
 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"/> Yes	
	Temporary Lighting	<input type="checkbox"/> No	

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: Must be completed

Area removed from: Must be completed

RPE and Personal Decontamination

R.P.E. selected	Ori Nasal Half Mask with P3 filtration OR	<input type="checkbox"/> Yes	Please indicate by stating YES/NO in the relevant box
	Full Faced Powered Mask	<input type="checkbox"/>	
	Was selected RPE suitable and adequate?	<input type="checkbox"/> Yes	

If not, why?

Personal Decontamination

	Was a Decon unit available for your use?	<input type="checkbox"/> N/A
	Did you use the facility on offer?	<input type="checkbox"/> N/A

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 SIGNATURE 



AIRBORNE FIBRE COUNTING CERTIFICATE

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

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

CUSTOMER: OMEGA ENVIRONMENTAL SERVICES **REPORT NO.:** LS-16-684
JOB NO: C16611-73
SITE ADDRESS: ST MARKS PRIMARY SCHOOL LOWER BOSTON RD HANWELL W7-2NR.

TEST DATE: 17/09/2016

ENCLOSURE SIZE (approx.): N/A m³ **MIN SAMPLES REQUIRED** 0
 N/A m²

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
LS684-01	SMALL ROOM ACCESS VIA LADDER	104.0	200	4.5	0.011	0.04
LS683-02	SMALL ROOM ACCESS VIA LADDER	600.0	200	2.5	0.001	<0.01
X	Field Blank is for CE internal use only and does not form any part of the air monitoring result	N/A			N/A	N/A
					#VALUE!	#VALUE!
					#VALUE!	#VALUE!
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					#VALUE!	#VALUE!
					#VALUE!	#VALUE!
					#VALUE!	#VALUE!
					#VALUE!	#VALUE!
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					#VALUE!	#VALUE!

TEST CODE: 0

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 L.SMITH
ANALYST SIGNATURE
REPORT PRODUCED ON DATE: 18/09/2016

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: OMEGA ENVIRONMENTAL SERVICES

REPORT NO.: LS-16-684

JOB NUMBER: C16611-73

TEST CODE:

SHEET NO.: 2 OF 5

TEST TYPE	SAMPLE NO	PUMP NO	COWL NO
P	LS684-01	PP03	C35
B	LS683-02	P23	C42
X	X	X	X

TEST START TIME	(+) FLOW RATE START	FLOW RATE FINISH	TEST FINISH TIME	TOTAL OF MINUTES
9:10	2.0	2.0	10:02	52
9:20	12.0	12.0	10:10	50

INTERMITTENT FLOW RATE CHECK

60 MINS	120 MINS	180 MINS	240 MINS
\	\	\	\

AIR DISTURBANCE CARRIED OUT: **NO**
 FLOW METER NO: **CAM-HF04**
 MICROSCOPE SET UP: **YES**
 MICROSCOPE No: **MSCN2**
 NPL BAND ACHIEVED: **5**
 GRATICULE DIAMETER ACHIEVED: **100**
 EXPOSED FILTER DIAMETER: **22.5** mm

IF YES, HOW?: **N/A**
 HOW LONG?: **N/A** mins
 CALIBRATED WATCH REF NO.: **CAM-MM04**
 THERMOMETER READING: **21** c
 BAROMETER READING: **1009** Mb
 LABORATORY REFERENCE: **GV64CUA**

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: **L.SMITH** ANALYST / AUTHORISATION SIG.

AIRBORNE FIBRE COUNTING CERTIFICATE

FIBRE COUNTING
 SAMPLING OF AIR FOR FIBRE COUNTING
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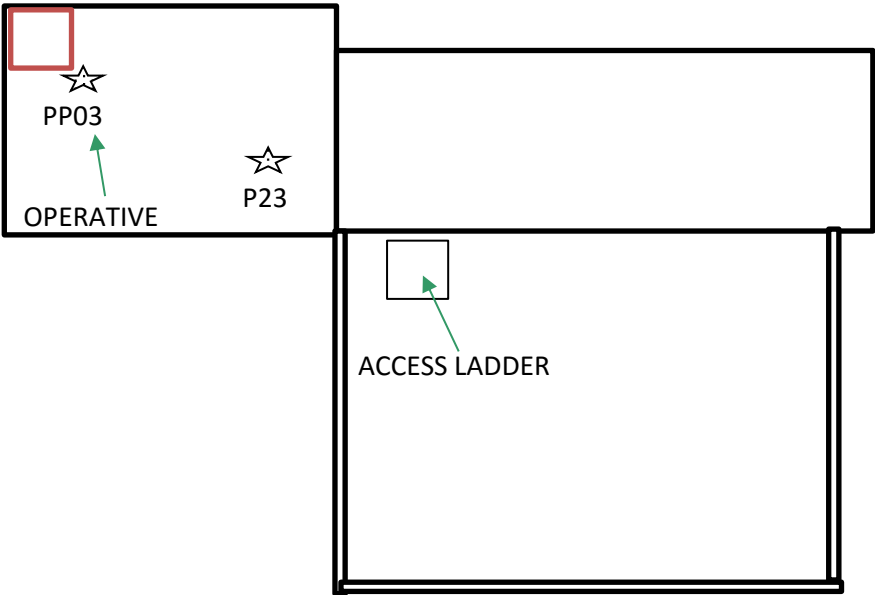
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










CUSTOMER: **OMEGA ENVIRONMENTAL SERVICES**
 JOB NO: **C16611-73**

REPORT NO: **LS-16-684**

SHEET NO: **3 OF 5**

DIAGRAM LOCATION: **N/A**



	TRANSIT ROUTE		WASTE ROUTE		TRANSIT/WASTE ROUTE
	WORK AREA		ACM		CCTV
	AIRLOCKS		STAIRS		VIEWING PANELS
	VAN				NPU Location
	DECON UNIT				PUMP LOCATION
	SKIP				

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

ANALYST NAME: **L.SMITH** ANALYST / AUTHORISATION SIG. 



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

SITE ATTENDANCE SHEET

Sheet No.: 5 of 5

CUSTOMER OMEGA ENVIRONMENTAL SERVICES REPORT LS-16-684
 JOB NO C16611-73
 CUSTOMER ADDRESS Suite 1,Priton Grange Pirton Rd Shillington Bedfordshire SG5-3HB
 DATE Saturday,September 17 2016
 SITE ADDRESS ST MARKS PRIMARY SCHOOL LOWER BOSTON RD HANWELL W7-2NR.
 TOTAL TRAVEL HOURS 3:00
 TOTAL HOURS ON SITE 2:00
 NORMAL OR OUT OF HOURS Out of hours
 EXPENSES INCURRED £

NAME OF REMOVAL CONTRACTOR IF DIFFERENT TO CUSTOMER

EXCESS GRATICULES READ (Excess graticules is defined as follows:
 "Graticules read beyond 2400 in a daily working shift")

CONTRACT REVIEW	Tests undertaken	Booking Form
Comments/Notes:	SMALL ROOM ACCESS VIA LADDER PERSONAL A.MCVICKER	

Site Visitors During Works

Name:	Company/Entity	Please confirm below by signing that you have reviewed the RAMS
		Signature:

Site Visitors During Works

Name:	Company/Entity	Please confirm below by signing that you have reviewed the RAMS
		Signature:

SITE CONTACT NAME: Print A.MCVICKER SIGNATURE

ANALYST NAME: Print L.SMITH SIGNATURE

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