

**APPENDIX 2**  
**CES ASBESTOS REMOVAL RECORD**



Project Details			
Project Ref No	1379	Site Address	Glenburn Gardens, Monkmoor Road, Shrewsbury, SY2 5SY
Project Start Date	02/06/23	Project Finish Date	02/06/23
Scope of Works	Carryout site walkover to handpick visible asbestos debris from the ground surface only.		
Type of Asbestos	Chrysotile	Condition	Good
Location of Works	Ground level area		
Client Address	Unit 16, Hartley Business Centre, Monkmoor Rd, SY2 5SY		
Site Contact Details	Name & Tel:	N/A	
Client Contact Details	Name & Tel:	N/A	
Contractors Details	City Environmental Services (UK) Ltd, Walford Heath, Shrewsbury, SY4 3AZ		
Contact	Name & Tel:	Danni Reece -- 01939 291074	
Prepared By	Danni Reece	Checked By	Kieran Anderson
Working Schedule			
Weekend Working	NO	Night Working	NO
Hours of Work	08.00 - 17.00		
Management of the Job			
Name of Contracts Manager	Name:	Greg Reardon	
	Tel:	07772346733	
Name of Site Operatives	Name:	Liam Pugh	
	Tel:	07966400186	
No of employees on site	Min 1 Max 3		

Analytical Requirements			
Analytical Company:	N/A		
Contact (Name and Tel):	Appointed By:		
Type of Air Monitoring:	Date:		

Site characteristics					
Site Use	Development land	Site Occupied	YES		
Implications caused by site use	Area closed to all others and under CES control.				
Power Availability	Yes	Water Availability	YES		
Welfare Facilities	Provided by	Client	Location	Onsite facilities used	
Nearest A & E	Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XQ				
First Aider	Supervisor	First Aid Box Location	Van		
Muster Point	Car Park	Service Isolation	N/A		

Waste Arrangements		
On site storage	Sealed compartment in van for waste	
Skip Company or Transfer Station	CES, Walford Heath, Shrewsbury, SY4 3AZ	
Estimated quantity of waste:	10kg	

Control Measures			
Expected Exposure	0.05f/ml	Fibre Suppression	Wet Strip Solution – Pump Sprayer
Enclosure/Containment Detail	N/A		
Type of PPE	Respirator	Sundstrom Half Face (P3 Filter – PF 20)	
	Coveralls	Type 5/6 (Blue)	Site Gloves
	Hi-Vis Vest	NO	Eye Protection
	Safety Boots	YES	Hearing Protection
	Hard Hat	NO	Safety Harness
Working at height arrangements	N/A		

Working Method	
Sequence of work	<ul style="list-style-type: none"> <li>Carryout site walkthrough and discuss POW with team.</li> <li>Supervisor to give toolbox talk outlining plan of work and risk assessments.</li> <li>Ensure all equipment has been checked including access equipment.</li> <li>Cordon off CES's working areas and apply warning signs.</li> <li>Start works (as detailed below).</li> <li>Hand back area to client.</li> </ul>
Removal Procedure	Walk site and hand pick any visible asbestos cement from the ground surface only.


Site Specifics Risk Assessment								
Hazard	Who may be affected?	Risk Rating			Existing Controls	Further Action Required	Post Control Risk Rating	
		High	Med	Low			High	Med
Asbestos	CES Employees, Any other persons in close proximity	✓			Adhere to company procedures/HSE guidance. Works carried out by competent trained operatives. Fibre suppressing techniques utilised. Face fitted for selected PPE. Correct RPE/PPE worn (P3 respirator, type 5/6 coveralls, disposable or wipe clean shoes).	Follow asbestos management plan site rules		✓
Working at height	CES Employees, Any other persons in close proximity			✓	No working at height anticipated.			✓
Slips, trips & falls	CES Employees.	✓			Suitable safety footwear to be worn at all times. Refuse and Asbestos Waste must be cleared away at regular intervals. All tools and equipment must be kept in a tidy state to avoid becoming a trip hazard. Adequate lighting in work area. Safe use of access equipment.	Supervisor to give toolbox talk on the daily site hazards		✓
Manual Handling	CES Employees.	✓			Staff trained in manual handling. Materials to be assessed prior to lifting. Wait for colleague to help with heavy items.			✓
Use of hand tools	CES Employees.	✓			Staff trained and competent. Correct PPE to be worn.	Good on site supervision		✓
Eye Injury	CES Employees.	✓			Eye protection to be worn in designated area or when using tools			✓
Falling Objects	CES Employees.			✓	Correct PPE to be worn.			✓
Noise	CES Employees, Any other persons in close proximity		✓		Hearing protectors worn in designated areas or when operating power tools.			✓



Hazard	Who may be affected?	Risk Rating		Existing Controls	Further Action Required	Post Control Risk Rating	
		High	Med			High	Med
Chemicals/ Burns	GES Employees.		✓ Low	Follow manufacturer's instructions and COSHH. Wear correct PPE as stated on COSHH assessment.			✓ Low
Services	GES Employees.		✓	Care to be taken if unknown services are identified. No cut policy in place.			✓
Electrical Safety	GES Employees.		✓	110v CTE electrical equipment used on site. 240v DCU to be adequately earthed (via earth rod or earthed mains supply). RCD used for 240v supply. Equipment PAT certified and properly maintained.			✓
Fire	GES Employees. Any other persons in close proximity		✓	Safe use of electrical equipment by competent persons. No smoking near working area. Should a fire be discovered the emergency evacuator system will be sounded and operatives will gather at muster point (as per site rules).			✓
Covid-19	GES Employees, public and staff		✓	Ensure all equipment is disinfected before entering and before leaving the work area. Operatives to wear protective clothing and RPE. Operatives to wash hands following government guidelines before entering working area and after leaving working area.			✓
Changes to working environment	Everyone.		✓	Should further hazards that are not identified in his site specific risk assessment or standard procedures risk assessment be identified then the supervisor will conduct a separate risk assessment form and consult the contracts manager or director. Works are not to continue until the hazard has been fully assessed and managed.		N/A	

**Plan of Work Confirmation**

All personnel working on this project **MUST** sign below to say that they have fully read and understood all of the items included on this method statement and the risk assessments and COSHH assessments that are included within the site file pack and will work to it correctly as instructed.

Print Name	Signature	Date
Liam Pugh		2.6.23

**Project Sign Off**

Please sign below to confirm that all of the scope of work has been completed to a satisfactory level:

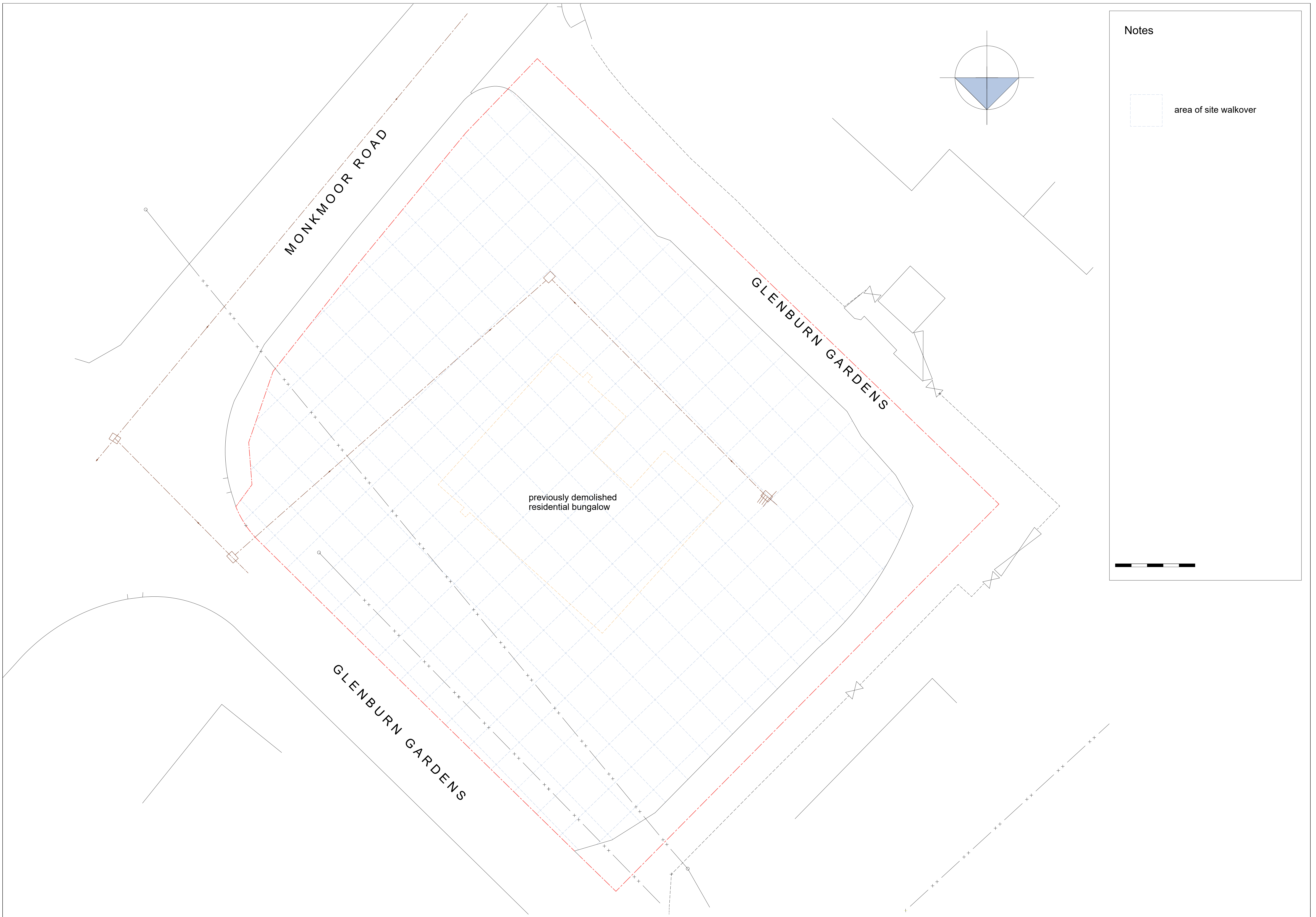
Signed on behalf of: *City Environmental Services (UK) Ltd*

NAME OF SUPERVISOR ON SITE:

Signature: *Liam Pugh* Name: *Liam Pugh*

Signed on behalf of: (Clients representative)  
If Available

Signature:  Name: *Daniel Barrett*



Notes



area of site walkover



# The Hazardous Waste Regulations 2005: Consignment Note



PRODUCER'S/HOLDER'S/CONSIGNOR'S COPY (Delete as appropriate)

## PART A Notification details

1 Consignment note code: **C I T Y E N / S Y 5 0 8**

2 The waste described below is to be removed from  
(name, address, postcode, telephone, email, facsimile):

**CES  
Walford Heath  
Shrewsbury**

**Glenburn Gardens, Monkmoor Road, Shrewsbury, SY2 5SY**

3 Premises code (where applicable):

4 The waste will be taken to (name, address & postcode):

**CES UK, WALFORD HEATH,  
SHREWSBURY, SY4 3AZ**

5 The waste producer was (if different from 2) (name, address, postcode, telephone, email, facsimile):

**CES UK, WALFORD HEATH,  
SHREWSBURY, SY4 3AZ**

Info@ces-asbestos.com

## PART B Description of the waste

if continuation sheet used, tick here

1 The process giving rise to the waste(s) was: **Asbestos Removal**

2 SIC for the process giving rise to the waste: **3 9 . 0 0**

3 WASTE DETAILS (where more than one waste type is collected all of the information given below must be completed for each EWC identified)

Description of waste	List of wastes (EWC code)(6 digits)	Quantity (kg)	The chemical/biological components of the waste and their concentrations are:		Physical form (gas, liquid, solid, powder, sludge or mixed)	Hazard code(s)	Container type, member and size
			Component	Concentration (% or mg/kg)			
ASBESTOS	1 7 0 6 0 5	50	Chrysotile	-50%	Solid	H P 7	VAN

### The information given below is to be completed for each EWC identified

EWC code	Packing group(s)	UN identification number(s)	Proper shipping name(s)	UN Class(es)	Special handling requirements
		N/A			
		SP168 Applies			

## PART C Carrier's certificate

(If more than one carrier is used, please attach schedule for subsequent carriers. If a schedule of carriers is attached tick here. )

I certify that I today collected the consignment and that the details in A2, A4 and B3 are correct and I have been advised of any specific handling requirements.

1 Carrier Name: **L. Pugh**  
On behalf of (name, address, postcode, telephone, e-mail, facsimile):  
**CES, Walford Heath, Shrewsbury SY4 3AZ**

2 Carrier registration no./reason for exemption:

CBDU78701

3 Vehicle registration no. (or mode of transport, if not road):

MJ21 HPK

Signature

Date **0 2 0 6 2 0 2 3**

Time **1 5 0 0**

## PART D Consignor's certificate

I certify that the information in A, B and C above is correct, that the carrier is registered or exempt and was advised of the appropriate precautionary measures. All of the waste is packaged and labelled correctly and the carrier has been advised of any special handling requirements.

1 Consignor name:

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

Signature

Date

Time

## PART E Consignee's certificate (where more than one waste type is collected all of the information given below must be completed for each EWC)

Individual EWC Code(s) received	Quantity of each EWC code revived (kg)	EWC code accepted/rejected	Waste management operation (R or D code)
<b>1 7 0 6 0 5</b>	<b>50</b>	<b>A</b>	<b>D15</b>

1 I received this waste at the address given in A4 on:

Date **0 2 0 6 2 0 2 3** Time **1 5 3 0**

2 Vehicle registration no. (or mode of transport if not road):

Name: Danielle Reece

MJ21 HPK

3 Where waste is rejected please provide details:

On behalf of (name, address, postcode, telephone, e-mail, facsimile):

**CES (UK)  
Glencoe Yard  
Walford Heath  
SY4 3AZ**

N/A

I certify that waste management licence/permit/authorised exemption no(s).

D. Reece

authorises the management of the waste described in B at the address given in A4.

Date **0 2 0 6 2 0 2 3**

Time **1 5 3 0**