|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Inspector:** |  | **Organisation:** |  | **Inspector Signature:** |  |
| **Technical Expert Name:** |  | **Technical Expert Signature:** |  | **Date:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Sub category** | | **Inspector**  *(Refer to Note 1)* | **Technical Expert Review** | | |
| **TE Review**  Agree / Disagree  Y/N | Witness/ interview  W/I | Comments |
| **Identification of potential Asbestos Containing Materials (ACMs)** | **Management Surveys** | Domestic |  |  |  |  |
| Commercial |  |
| Industrial |  |
| **Refurbishment and Demolition Surveys** | Domestic |  |
| Commercial |  |
| Industrial |  |
| **Sampling for Verification of Asbestos** | | |  |  |  |  |
| **Evaluation of survey results (including the provision of advice about the management of risks and priority assessment)** | | |  |  |  |  |
| **Re-inspection of identified or suspected Asbestos Containing Materials (ACMs) in surveyed premises** | | |  |  |  |  |
| **Issuing Clearance Certificates following removal of Asbestos Containing Materials (ACMs)** | | |  |  |  |  |

**Please Complete shaded sections only and submit to IANZ**

**Note 1: Competence Model inspectors:** indicate which categories the inspector has been authorised for, either as a trainee (T), inspector (I) or a signatory (S)

**Signatory Model signatories:** indicate if this is an initial assessment (IA) or a re-assessment (R) for each of the relevant categories