

**VISUAL CLEARANCE CERTIFICATE**

**1. Date of Inspection:** 18 December 2024

**2. Client:** Grant Farrell - CQU

**3. Client Contact Details:** Grant 0407 760 770

**4. Address where asbestos removal was undertaken:**

*Residential Building 62 - Level One Male Bathroom*

**5. Date & Time of Clearance Inspection:**

**Date:** 18/12/2024

**Time:** 2 PM

**6. Notes:**

**7. Do you have a copy of the Notification Form (Form 65)?**

*Yes*

**8. What type of ACM was removed**

*~~Friable~~ / Non-friable*

**8. Was air monitoring required?**

*~~Yes~~ / No*

*If yes are the results available from a NATA Laboratory?*

*N/A*

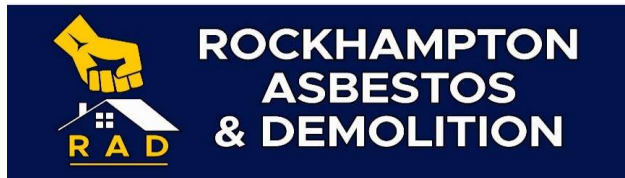
**9. Was any ACM visually identified in the work area?**

*~~Yes~~ / No*

**10. Can the area be reoccupied?**

*Yes / ~~No~~*

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**DECLARATION**

**11. After a visual inspection of the asbestos removal area at:**

*Residential Building 62 - Level One Male Bathroom*

*I declare that the area is free from any visible asbestos containing materials and the route between the removal area and the loading area is free from any loose ACM debris.*

**12. Description of removal:** approximately 40 sqm of ceiling sheets. ACM was wrapped in dirty zone and then loaded into transport vehicle. All battens were also removed.

\_\_\_\_\_  
*Signature of Competent Person*

Adrian Price

\_\_\_\_\_  
*Name of Competent Person*

**13. Date:** 18 December 2024

***Residential Building 62 - Level One Male Bathroom***



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