

# ASBESTOS MANAGEMENT PROGRAM TEMPLATE

## ASBESTOS MANAGEMENT PROGRAM (AMP) TEMPLATE

When materials in a building is determined to contain 1% or more of asbestos, an **“Asbestos Management Program”** (AMP) must be developed.

This template is provided as a guideline to help employers, contractors and owners meet their obligations for the AMP to be consistent with those established by the Code of Practice for Working with Materials Containing Asbestos in New Brunswick (General Regulation 91-191).

The program must include (but is not limited to) the condition and location of all asbestos-containing material (ACM), whether the material is friable or non-friable. The AMP must be communicated to all who may be working with, or in proximity to, any ACM. This includes any contractors who may be working in the building or may be removing or encapsulating the ACM.

The AMP must be **updated and maintained** for as long as there is ACM present in the workplace. This would include an inspection of the ACM at least once per year. The AMP must also be developed in consultation with the workplace’s JHSC (if any), or the H&S rep (if any).

\*Sections referenced in this AMP template can be found in *A Code of Practice for Working with Materials Containing Asbestos in New Brunswick* (CoP).

DATE OF AMP	VERSION	COMMENTS	APPROVED BY

## PART 1 – RECORDS, COMMUNICATION, EDUCATION, INSTRUCTION, AND TRAINING

RECORDS & DOCUMENTATION OF THE ACM <small>*DRAWINGS, PLANS AND SPECIFICATIONS MUST BE ATTACHED TO SHOW THE LOCATION OF THE ACM (SECTION 3.3 OF THE COP)</small>			
Location (Details)	Type of material containing asbestos (wall, floors, insulation, piping, etc.)	Type of asbestos	Percentage of asbestos (results from laboratory $\geq 1\%$ )

## COMMUNICATION

Owners, employers, and contractors must develop an identification system for the ACM. *(Section 4.3(e) of the CoP)*

Identification system used to identify the ACM.  
(Colour coding, labels, placards or other)

Notify in writing anyone who may be at, or adjacent to, the location of the ACM. *(Section 4.3(d) of the CoP)*

Communication includes:

Location of the ACM ☐

Warning to not to disturb the ACM ☐

Steps to take if they disturb ACM ☐

Steps to take if any other unidentified, suspected ACM is found ☐

Written communication was provided by:

Email ☐

Printed Letter ☐

Posted in the building ☐

If posted, location(s): \_\_\_\_\_

Communication was sent by: (individual) \_\_\_\_\_ Date (dd/mm/year): \_\_\_\_\_

List of individuals or departments receiving communication: \_\_\_\_\_

Is this communication procedure included in the new employee orientation? Yes ☐ or No ☐ If not, how will this be communicated?

\_\_\_\_\_

## EDUCATION, INSTRUCTION AND TRAINING

Education, instruction, and training must be provided for every employee in the workplace who is likely to work in close proximity to and may disturb the ACM.  
*(Section 4.3(g) & (h) of the CoP)*

Topics to be included in education, instruction, and training

☐ Location(s) of the ACM

☐ Use, care, and maintenance of required protective equipment, including personal protective equipment and clothing. This should include the Code of Practice for respirators.

☐ Hazards of asbestos exposures

☐ Work practices and procedures to be used in doing the work as prescribed by the A Code of Practice for Working with Materials Containing Asbestos in New Brunswick.

☐ Not to disturb ACM

☐ Disposal procedures for asbestos contaminated materials

☐ If ACM, or suspected ACM, is disturbed, employees must immediately stop the work and notify their supervisor

☐ Personal hygiene

☐ If ACM or suspected ACM is reported to the supervisor, the supervisor will inform their employer.

☐ Other (please specify):

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2 - ACM REMAINS IN THE BUILDING**  
(IF ACM DOES NOT REMAIN IN BUILDING, CONTINUE TO PART 3)

INSPECTION PROGRAM						
A written inspection report and an inspection program (minimum once a year) must be developed This is to verify the condition of the ACM. (Section 3.3 & 4.3(f) of the CoP)						
Date of the inspection	Location of the ACM *(dated photographs included)	Condition of the ACM *(dated photographs from every inspection included)	Is there a need to have it removed or encapsulated?	If previous answer is no, follow-up date for re-evaluation	In previous answer is yes, date for repair or removal	Individual responsible for follow-up

SAFE WORK PROCEDURES	
Where it has been determined that the material will continue to deteriorate, safe work procedures must be established for the repairing, sealing, removing, or permanently enclosing the ACM. (Section 4.3(b) of the CoP)	
Safe work procedure has been established? Yes <input type="checkbox"/> or No <input type="checkbox"/> Date: _____	
Procedure title (number if applicable) _____	
Safe work procedure has been communicated to employees who will be working with or in proximity to the ACM? Yes <input type="checkbox"/> or No <input type="checkbox"/> Date: _____	



## PART 3 – ASBESTOS-CONTAINING MATERIAL IS TO BE REMOVED OR ENCAPSULATED

A qualified company will be hired to remove or encapsulate the ACM?    Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<b>YES</b>	<b>NO, WORK WILL BE DONE IN-HOUSE</b>	
Proof of competency has been received.    Yes <input type="checkbox"/> or No <input type="checkbox"/> Name of ACM abatement company: _____ Date of planned removal or encapsulation: _____	Are employee(s) doing to the work competent? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Records of ACM have been made available to the contractor and/or employees removing/encapsulating the ACM?    Yes <input type="checkbox"/> or No <input type="checkbox"/> (This would include type and specific locations of known ACM)		
Removal classification (low risk, moderate risk, or high risk): _____ (Sections of CoP to determine classification: low risk operations 5.1, moderate risk operations 6.1 & high-risk operations 7.1)		
For high-risk projects and emergency high-risk work, has WorkSafeNB been notified?    Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Name of the individual who contacted or will be contacting WorkSafeNB: _____    Date WorkSafeNB has been notified: _____		
Records were sent to the following individual(s) or department(s) at WorkSafeNB:		
Name: _____    Date: _____		
Name: _____    Date: _____		
Safe work procedures (as required in sections 5, 6 and 7 of the CoP) are to be followed by all, and damaged ACM must be removed from the building. (Section 4.3(a) of the CoP)		
Date completed: _____		
If new suspected ACM is discovered during renovations or demolition of a building, bulk sample the suspected materials and send to laboratory for analysis. ** If asbestos ≥1% is confirmed by laboratory, update PART 1 & 2 of the AMP with any new information.		
Date new bulk sample was sent for analysis: _____    Completed?    Yes <input type="checkbox"/> or No <input type="checkbox"/>		
<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>
Owner, employer, or contractor who prepared this AMP		
JHSC Co-chairs or H&S rep		