# Asbestos register

Name of competent person: Workplace address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date asbestos was identified or assumed to be in the workplace | Type of material  (identified / assumed) | Is it friable or  non-friable | Condition of asbestos | Specific location | Is this an inaccessible area |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |