Asbestos Risk Assessment Process

Asbestos containing materials pose a risk to human health only when the asbestos fibres become detached from the host media and enter the airborne environment. The level of risk associated with that hazard depends on whether the person is exposed to the hazard or not and the level of exposure. Asbestos that is in a stable matrix, or effectively encapsulated or sealed, and remains in a sound condition while left undisturbed, represents low risk to health.

For example, the presence of asbestos in a building is a hazard, but while that asbestos remains in sound condition and does not release fibres into the air, the risk is low.

Health-based risk assessments usually indicate the likelihood of the hazard causing harm therefore a “high risk” situation would have a high probability of actually causing harm. The “harm” caused by exposure to asbestos includes asbestos related diseases such as lung cancer, asbestosis and mesothelioma. These diseases are normally associated with high level exposure to airborne asbestos over a prolonged period. Residing or working in buildings which contain asbestos building materials is unlikely to cause any of the above diseases provided it remains relatively stable and undisturbed. As such, most in-situ asbestos containing materials pose a low health-based risk.

However, experts such as Sandman suggest Risk = Actual health-based risk + Outrage. If we include the occupant’s perception of the in-situ ACM and the potential outrage factor they may have toward the ACM the “risk” will naturally increase as most people perceive asbestos as being a high risk hazard.

The following risk ratings include both the actual health-based risk posed the asbestos containing material as well as the perceived risk or public outrage factor. The outrage factor is based mainly on the physical condition of the ACM and its location in relation to the occupants. For example if the ACM situation being assessed is situated inside a service duct and is not accessible to the normal occupants then the outrage factor or perceived risk is likely to be lower than say an ACM situation situated inside the occupant’s office.

**Low -** Typically includes ACM which is in either good or fair condition, is either bonded or semi-bonded, has low level disturbance AND is not likely to generate measurable levels (>0.01f/ml) of airborne asbestos in its current state.

**Med -** Typically includes bonded or semi-bonded ACM, which is in either fair or poor condition OR may include friable ACM in either good or fair condition that is not accessed on a regular basis, and which does not have the potential to enter the Air Supply, AND is not likely to generate measurable levels of airborne asbestos fibre in its current state.

**High -** Typically includes friable or semi-bonded ACM (not bonded ACM that has become severely disturbed) that is in poor condition AND is either accessible to building occupants on a regular basis OR is in either fair or poor condition and has the potential to enter the Supply Air AND is unlikely to generate elevated levels (>0.01f/ml) of airborne asbestos.

**Very high -** Typically includes friable or semi-bonded ACM (not bonded ACM that has become severely disturbed) that is in poor condition AND is either accessible to building occupants on a regular basis OR has the potential to enter the Supply Air AND is likely to have already generated elevated levels (>0.01f/ml) of airborne asbestos.
Unknown - This assessment is applied to those ACM situations which may or may not be present and cannot be confirmed due to access restrictions. This assessment does not apply to “Suspect” situations which are visible but have not been sampled.

* For building occupants including maintenance personnel during normal use.

The risk assessment of the ACM is to be reviewed when:

- There is evidence that the risk assessment is no longer valid.
- There is evidence that controls methods are not effective.
- A significant change is proposed for the workplace or for work practices or procedures relevant to the risk assessment.
- There is a change in the condition of the ACM.
- The ACM have been removed, enclosed or sealed.

The CQUuniversity Manager of the Health and Safety and a Competent Person will review the risk assessments every 12 months or earlier.