Hazardous Materials Survey Report

Inspira Property Group Pty Ltd

Hurstville Private Hospital

36 Gloucester Road
Hurstville, NSW

October 2012
JBS 42209- 52163
JBS Environmental Pty Ltd

Table of Contents

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Appendices

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1 Introduction

1.1 Background

JBS Environmental Pty Ltd (JBS) was engaged by Inspira Property Group Pty Ltd (Inspira) to undertake a Hazardous Materials Survey (HMS) at Hurstville Private Hospital located at 37 Gloucester Road, Hurstville NSW (the site). Sections of the hospital in the lower basement, upper basement, ground and first floor were proposed to be demolished as part of the ongoing refurbishment works at the site and a HMS was required to be completed before any demolition works commenced. Client supplied figures indicating surveyed areas are included in **Appendix A**.

The hazardous materials survey was completed on 30th August 2012 by a qualified JBS representative. The site was inspected for (but not limited to):

- Asbestos containing materials;
- Asbestos in dust;
- Lead based paint;
- Lead in dust; and
- Polychlorinated biphenyls (PCBs).

1.2 Objectives

The objective of the Hazardous Materials Survey was to identify any hazardous materials in those areas that were identified as being proposed for demolition.

The survey works and production of this report have been undertaken in accordance with the requirements of:

- Work Health and Safety Act (2011);
- Work Health and Safety Regulation (2011);
- WorkCover How to Safely Remove Asbestos Code of Practice (2011);
- National Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC: 2018 (2005)];
- National Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC: 2002 (2005)];
- AS4361.2 (1995) Guide to Lead Paint Management. Part 2: Residential and Commercial Buildings;
- National Standard for Synthetic Mineral Fibres [NOHSC:1004(1990)] and National Code of Practice for the Safe Use of Synthetic Mineral Fibres [NOHSC:2006(1990)]; and
- ANZECC (1997) Identification of PCB-containing Capacitors: An information booklet for Electricians and Electrical Contractors

This document provides a record of the Hazardous Materials identified in selected areas of the Hurstville Private Hospital located at 37 Gloucester Road, Hurstville NSW.

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No one section or part of a section of this report is to be taken as giving an overall idea of this report. Each section is to be read in conjunction with the whole of this report, including the appendices and attachments.

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2 Methodology

2.1 Sampling Strategy and Analysis

2.1.1 Suspected Asbestos Containing Materials

The identification of suspected asbestos containing materials (ACM) involved inspection of all accessible areas and collecting representative samples of suspect materials for analysis at a NATA accredited laboratory using polarised light microscopy in conjunction with dispersion staining techniques.

No suspected asbestos containing materials were sampled from any of the areas included in this survey.

2.1.2 Suspected Asbestos in Dust

The identification of suspected asbestos containing dust involved inspection of areas where dust was likely to accumulate and collecting representative samples of the accumulated dust for analysis at a NATA accredited laboratory using polarised light microscopy in conjunction with dispersion staining techniques.

No suspected asbestos containing dust was observed in any of the areas included in this survey.

2.1.3 Suspected Lead Based Paint

Australian Standard AS4361.2 1998 Guide to Lead Paint Management Part 2: Residential & Commercial buildings, defines lead paints as those in which the lead content (calculated as lead metal) is in excess of 1.0 percent by weight of the dry film as determined by laboratory testing or the use of portable X-ray fluorescence (XRF) field tests. Results are expressed in mg/kg (ppm) or percentage w/w.

On site analysis was completed with the use of an X-ray fluorescence (XRF) spectrometer to determine lead concentrations in painted surfaces suspected of containing lead. Prior to sample analysis the XRF spectrometer was calibrated to the internal calibration standard.

2.1.4 Lead in Dust

There was no suspected lead containing dust observed at the time of inspection.

2.1.5 Polychlorinated Biphenyls (PCBs)

Electrical appliances and light fittings that may have PCB-containing capacitors were identified by visual inspection. Selected samples of each type of light fitting or electrical appliance were inspected and the make and model of the capacitor compared with the ones listed in the Australian and New Zealand Environment and Conservation Council (ANZECC) document *Identification of PCB-Containing Capacitors*.

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3 Site Description

The surveyed site comprised one structure, Hurstville Private Hospital located at 37 Gloucester Road, Hurstville NSW.

The structure was an irregularly shaped multi storey building, with 2 basement/car park levels. Selected areas on the lower basement, upper basement, ground and first floor were the subject of this survey (**Appendix B**).

3.1 Lower Basement

The areas of the lower basement proposed for demolition were currently being used as a carpark, a document storage area and a clinical waste storage area. These areas comprised asphalt paved carpark, concrete slab floor and roof lining, a combination of concrete and brick walls, exposed PVC and copper piping and modern lighting in good condition that was not expected to contain PCBs. There was exposed synthetic mineral fibre ceiling insulation in the adjacent 'Mechanical Plant' area.

There were no other identified or suspected hazardous materials observed in the Lower Basement areas proposed for demolition.

3.2 Upper Basement

A small elevator known as a 'Dirty Hoist' located at the rear of the main elevator was proposed for demolition on the Upper Basement level. The interior shaft of the 'dirty hoist' could not be inspected.

It should be presumed that the lift mechanisms within the 'dirty hoist' contain asbestos containing materials, including clutches and brake pads. No other suspected hazardous materials were identified during the survey of the Upper Basement areas proposed for demolition.

3.3 Ground Level

A number of areas were proposed for demolition on the Ground Floor including:

- An Exterior Canopy;
- Suite 1;
- Suite 2;
- Suite 3;
- Proposed Lift Area;
- Day Surgery Area;
- Hallway Area - South East of Reception.

3.3.1 Exterior Canopy

The exterior canopy comprised steel sheeting with steel brackets and extended over the loading bay area into the carpark of the Lower Basement.

No suspected or identified hazardous materials were observed during the inspection.

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3.3.2 Suite 1

Suite 1 comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, glass windows and balcony door with steel framework, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs. There was an exterior terracotta tiled balcony extending on the southern side of Suite 1.

There were no suspected or identified hazardous materials observed during the survey of Suite 1.

3.3.3 Suite 2

Suite 2 comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, glass windows with steel framework, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs. There was a small kitchenette area with non ACM vinyl floor sheeting.

There were no suspected or identified hazardous materials observed during the survey of Suite 2.

3.3.4 Suite 3

Suite 3 comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, glass windows with steel framework, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of Suite 3.

3.3.5 Proposed Lift Area

The proposed lift area was utilised as an exit area to the exterior of the building. It comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs and a suspected asbestos core fire safety door.

There were no other suspected or identified hazardous materials observed during the survey of the proposed lift area.

3.3.6 Day Surgery Area

The Day Surgery Area was divided into a waiting room (southern portion), recovery area (southern portion) and an operating area (northern portion).

3.3.6.1 Waiting Room

The waiting room comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of the Waiting Room.

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3.3.6.2 Recovery Room

The Recovery Room was located to the north of the waiting room and comprised a large open room with a number of patient beds. There was non-ACM vinyl floor sheeting over a concrete slab floor, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of the Recovery Room.

3.3.6.3 Operating Room

The Operating Room was located to the north of the Recovery Room. Access to all areas of the Operating Room was not allowed for health and security reasons.

Limited inspection of the southern parts of the Operating Room indicated that the Operating Room composition was consistent with that observed in the Recovery Room.

3.3.7 Hallway Area – South East of Reception

The Hallway Area south east of the Reception area comprised concrete slab floor with carpet overlay, cream painted plasterboard walls, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of the Hallway Area located south east of Reception.

3.4 First Floor

A number of areas were proposed for demolition on the First Floor including:

- Conference Room; and
- Suite 7.

3.4.1 Conference Room

The Conference Room comprised a concrete slab floor with carpet overlay, cream painted plasterboard walls, glass windows with steel framework, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of the Conference Room.

3.4.2 Suite 7

Suite 7 comprised a concrete slab floor with carpet overlay, cream painted plasterboard walls, glass windows and glass entry door with steel framework, a suspended ceiling with fibrous ceiling panels and modern lighting in good condition that was not expected to contain PCBs.

There were no suspected or identified hazardous materials observed during the survey of the Conference Room.

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4 Results

No samples of suspected hazardous materials were collected during the survey

A Hazardous Materials Register is included in **Appendix C**.

4.1 Suspected Asbestos Containing Materials

Materials identified during the survey as being suspected of containing asbestos were not sampled or analysed at a NATA accredited laboratory due to access restrictions or the surfaces being in near perfect condition, but were identified as potentially containing asbestos.

Those materials identified as being suspected of containing asbestos are summarised below:

- Upper Basement Level – Asbestos containing lift mechanisms within the 'Dirty Hoist' including clutches and brake pads with an estimated area of less than 1 m^2. These materials should be considered to be friable asbestos; and
- Ground Floor Proposed Lift Area – Suspected asbestos core fire safety door, with an estimated area of approximately 1.5 m^2 and is presumed to be classed as bonded asbestos provided the door is maintained intact and fittings (handles and hinges) are not removed. Removal of the fittings or damage to any face of the door may result in exposure of friable asbestos.

Suspected ACM should be either assumed to contain asbestos and managed in accordance with the advice provided in **Section 5.1**, or should be sampled and the presence or absence of asbestos confirmed by laboratory analysis.

4.2 Lead based paints

XRF analysis was completed on all painted surfaces within the surveyed areas.

There were no painted surfaces identified as lead based paints during the survey.

4.3 Synthetic Mineral Fibres

Synthetic Mineral Fibre (SMF) insulation was observed in the 'Mechanical Plant' area of the Lower Basement.

There were no other occurrences of SMF observed during the survey.

4.4 Polychlorinated Biphenyls

There were no light fittings or electrical equipment identified as containing or potentially containing PCBs during the survey.

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5 Conclusions and Recommendations

Hazardous materials and suspected hazardous materials have been identified in limited quantities in those areas proposed for demolition at the site as a result of visual identification. Based on the results of the hazardous materials survey completed, the following recommendations are made.

5.1 Suspected Asbestos Containing Materials

In their current state the suspected ACM do not pose a risk to site occupants.

Should renovations or refurbishments be planned that would disturb the suspected ACM, it is recommended that:

- A licensed asbestos assessor or competent person should be engaged to sample the suspected ACM for laboratory analysis to confirm the presence of asbestos within suspected materials identified in **Section 4.1**; or
- An appropriate licensed asbestos removalist (Class A [friable] or Class B[non-friable]) should be engaged to remove the suspected friable and non-friable asbestos containing materials described in **Section 4. 1.** The materials should be disposed of in an appropriately licensed landfill in accordance with the *Waste Classification Guidelines Part 1: Classifying Waste (DECC 2008),* with *Work Health and Safety Act (2011), Work Health and Safety Regulation (2011),* the SafeWork Australia publication *How to Safely Remove Asbestos Code of Practice (2011)* and the National Occupational Health and Safety Commission (NOHSC) publication *Code of Practice for the Safe Removal of Asbestos 2nd Edition [NOHSC: 2002(2005)]*.
- Asbestos air monitoring is mandatory during all removal of friable asbestos materials and shall be undertaken by a licensed asbestos assessor or competent person independent of the asbestos removal contractor. It is considered best practice to complete asbestos air monitoring during the removal of non-friable asbestos material, however, it is not mandatory.
- Following any removal works, a clearance inspection should be completed by a licensed asbestos assessor or competent person to ensure that all traces of asbestos containing materials identified in this report have been removed prior to any works continuing.

Any other suspected ACM finds not identified in this report should be dealt with in the same manner.

5.2 Lead Paint

There were no lead based paints identified at the site during the inspection.

5.3 Synthetic Mineral Fibres

Any Synthetic Mineral Fibres identified in **Section 4.3** or observed during demolition works, should be handled in accordance with *National Standard for Synthetic Mineral Fibres [NOHSC:1004(1990)]* and *National Code of Practice for the Safe Use of Synthetic Mineral Fibres [NOHSC:2006(1990)]*.

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5.4 Polychlorinated Biphenyls

There were no Polychlorinated Biphenyls identified at the site during the inspection.

5.5 Unexpected Finds

Any additional suspected hazardous material observed within the surveyed area or within areas that were not accessible during the survey should be inspected by a suitably qualified occupational hygienist to confirm their composition.

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Appendix A
Client Supplied Diagrams

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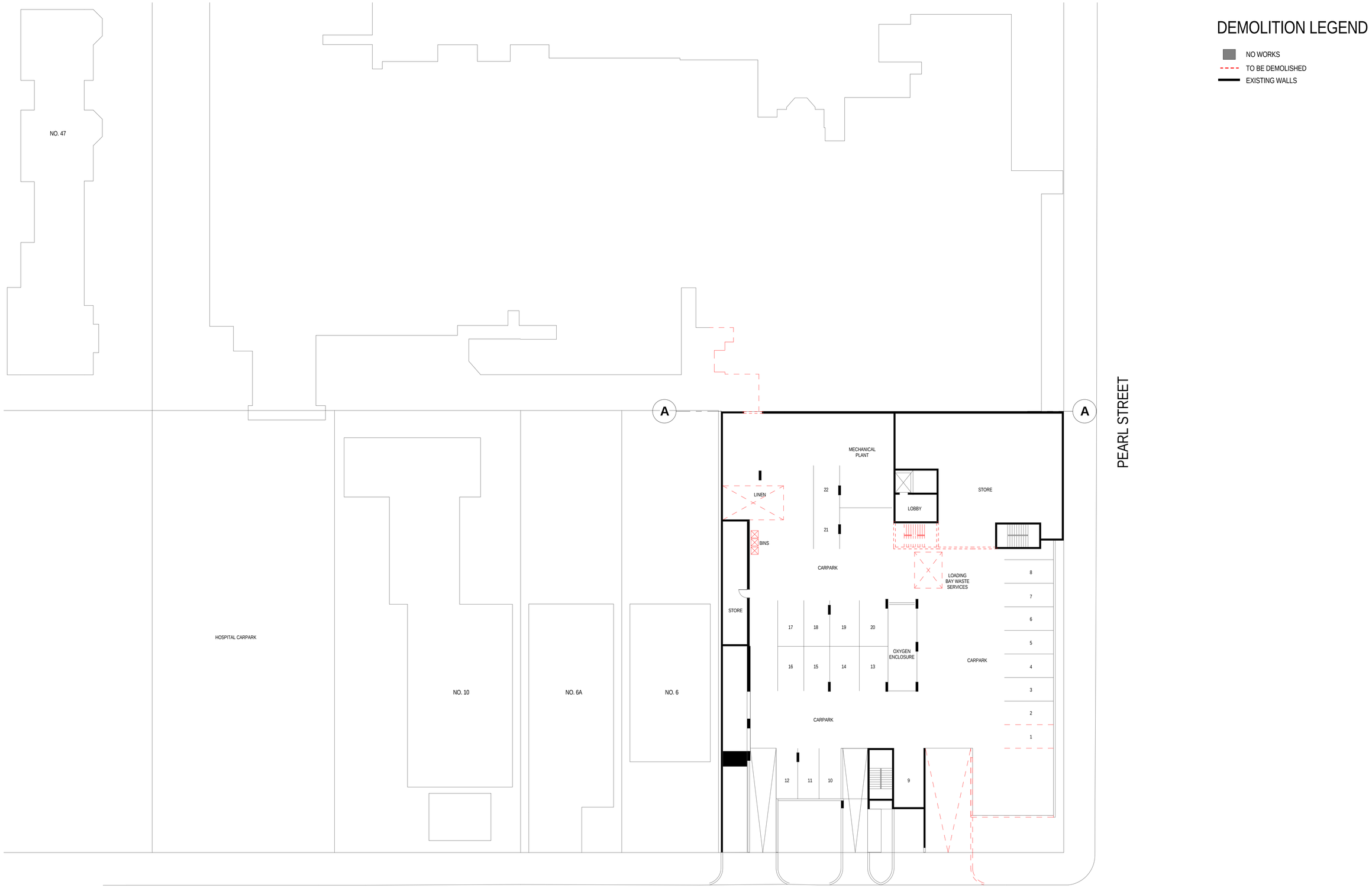

DEMOLITION LEGEND

- NO WORKS
- TO BE DEMOLISHED
- EXISTING WALLS

ISSUE	REVISION	DRN	CHK/APP	DATE
-	FOR INFORMATION	M.S.	N.B.	27.04.12

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PROJECT:
HURSTVILLE PRIVATE HOSPITAL

TITLE:
EXISTING CONDITIONS & DEMOLITION - LOWER BASEMENT PLAN

DRAWING No:
DA005

NORTH:

SCALE:
1 : 200 @A1

PROJECT No:
40-1076

REV:
-

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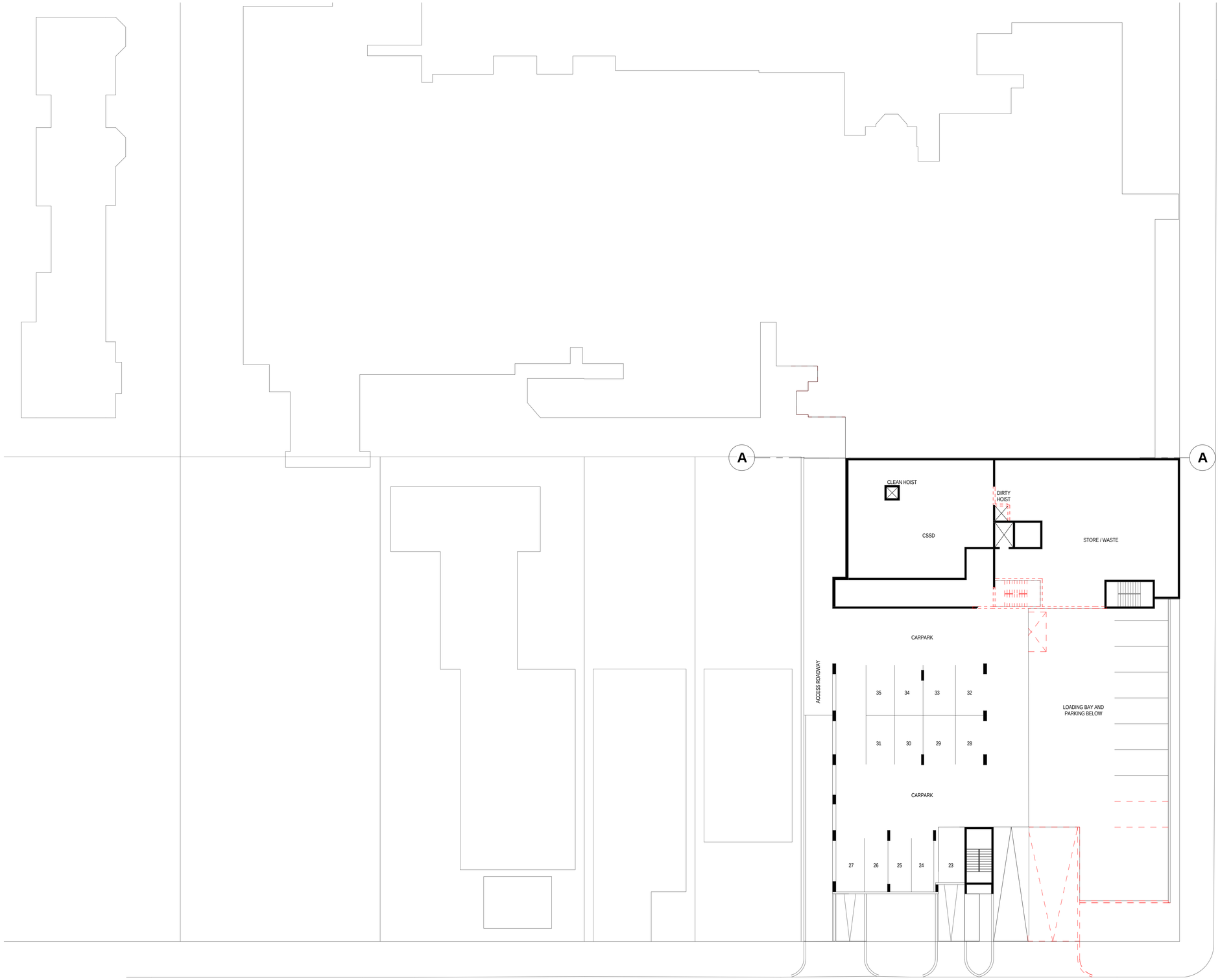

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PROJECT:
HURSTVILLE PRIVATE HOSPITAL

TITLE:
EXISTING CONDITIONS & DEMOLITION - UPPER BASEMENT PLAN

DRAWING No:
DA006

NORTH:

SCALE: 1 : 200 @A1

PROJECT No: 40-1076

REV: -

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DEMOLITION LEGEND

- NO WORKS
- TO BE DEMOLISHED
- EXISTING WALLS

ISSUE	REVISION	DRN	CHK/APP	DATE
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PROJECT:
HURSTVILLE PRIVATE HOSPITAL

TITLE:
EXISTING CONDITIONS & DEMOLITION - GROUND FLOOR PLAN

DRAWING No:
DA007

NORTH:

SCALE:
1 : 200 @A1

PROJECT No:
40-1076

REV:
-

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DEMOLITION LEGEND

- NO WORKS
- TO BE DEMOLISHED
- EXISTING WALLS

ISSUE	REVISION	DRN	CHK/APP	DATE
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PROJECT:
HURSTVILLE PRIVATE HOSPITAL

TITLE:
EXISTING CONDITIONS & DEMOLITION - FIRST FLOOR PLAN

DRAWING No:
DA008

NORTH:

SCALE:
1 : 200 @A1

PROJECT No:
40-1076

REV:
-

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Appendix B
Hazardous Material Register

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JBS SAMPLE NO.	LOCATION	SURFACE	MATERIAL DESCRIPTION	SAMPLE TYPE	ANALYTICAL RESULT	MATERIAL CONDITION	APPROXIMATE QUANTITY (m^2)	ACTIONS REQUIRED	DATE OF LAST INSPECTION (INCL. COMPANY NAME AND INITIALS)
N/A	Upper Basement Level - Eastern portion	'Dirty Hoist' Lift Shaft	Lift Mechanisms – Clutches, Brake Pads	N/A	Presumed to contain asbestos	Friable	< 1 m^2	Removal by Class A licensed asbestos removalist prior to demolition/ refurbishment works commencing	
N/A	Ground Floor - Central Portion, Proposed Lift Shaft Area	Fire Safety Door	Core Insulation Material	N/A	Presumed to contain asbestos	Non-friable (in current condition)	2 m^2	Removal and disposal of all fire safety door by licensed asbestos removalist	

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Document Status

Rev No.	Author	Reviewer	Approved for Issue		
		Name	Name	Signature	Date
0	Michael Samuel	Charlie Furr	Charlie Furr		24/10/2012