

NOTIFICATION OF ASBESTOS REMOVAL WORK – APPLICATION

NA-01 APRIL 2019

This form is used to notify of asbestos removal under the WHS Regulation. The licensed asbestos removalist must give written notice to SafeWork NSW at least five calendar days before removal work is commenced.

*Interstate asbestos removalists operating in NSW must notify SafeWork NSW.

Where asbestos must be removed immediately, the licensed asbestos removalist must telephone SafeWork NSW on 13 10 50 and complete and submit this form within 24 hours of the telephone notification.

Immediate removal of asbestos may be commenced if:

- There is a sudden and unexpected event, including a failure of equipment that may cause persons to be exposed to respirable asbestos fibres
- An unexpected breakdown that requires immediate rectification to enable the service to continue.

How to fill in this form

Please refer to the *Guide for applicants for asbestos removal and asbestos assessor licences and notifications* (catalogue no. SW08125) when completing this notification.

Please type directly into the form. When complete save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick ☒ where required.

Are you a Interstate licence holder

Did you know that you can submit a notification using the Online Notification System (ONS). Go to www.safework.nsw.gov.au for further information.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

Email (preferred): adu@safework.nsw.gov.au

Post: Asbestos & Demolition Unit, SafeWork NSW – PO Box 1291, Liverpool, NSW 1871

Email or post the application – do not send more than once.

Privacy compliance statement

The information is collected by SafeWork NSW for the purposes of undertaking an evaluation, assessment and processing of a notification of asbestos removal work under the WHS Regulation.

This information may also be used by the Regulator for the purpose of confirming applicant details, to establish and maintain an external database and to assist the Regulator and its Inspectorate with its work generally. It may also be provided to other state, territory and the Commonwealth regulatory authorities.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual.

You may also apply to the regulator to access and correct any information about yourself that is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

All fields marked with * are mandatory fields.

SECTION 1. NOTIFICATION

Mark one box only.

*Notification type

Class A – Friable asbestos licence holder

Class B – Non-friable asbestos licence holder

Interstate Class A – Friable asbestos licence holder

Interstate Class B – Non-friable asbestos licence holder

SECTION 2. APPLICANT DETAILS

| | | |
|---------------------------|---|-------------------------|
| *Licence name | *ABN | *Daytime contact number |
| *Licence number | *Expiry date (DD/MM/YYYY) | *Email |
| *Class(es) | *Name of department of issue | |
| *Registered business name | *State/territory or Commonwealth of issue | |

SECTION 3. WORK SITE OWNER/CLIENT DETAILS**SECTION 3.1 WORK SITE OWNER**

*Client type

Business Individual

SECTION 3.2 BUSINESS DETAILS

| | | |
|----------------|------|-------------------------|
| *Business name | *ABN | *Daytime contact number |
|----------------|------|-------------------------|

SECTION 3.3 INDIVIDUAL DETAILS

| | | |
|-------------|-------------------------|-------------|
| *Title | *Family/Surname | Other names |
| *Given name | *Daytime contact number | |

SECTION 3.4 NAME OF CONTACT PERSON

| | |
|---------------|------------------------|
| Same as above | |
| Title | Family/Surname |
| Other names | |
| Given name | Daytime contact number |

SECTION 4. SITE DETAILS

Site name

SITE ADDRESS (MUST NOT BE A PO BOX)

| | |
|--|-----------------------|
| *Unit number/Street number/Property number (include Lot or DP number if applicable) | *Suburb |
| *Street name | *State *Postcode |

Section 4 continued over...

Site telephone number (if available)

*Operating hours of site

*Type of workplace (eg factory)

*Number of workers for this removal work

*Proposed start date of work (DD/MM/YYYY)

*Number of workers who have successfully completed relevant competency unit

*Proposed finish date of work (DD/MM/YYYY)

This is a coal workplace or mining workplace

Yes

No

SECTION 5. ASBESTOS IDENTIFICATION/CLEARANCE DETAILS

SECTION 5.1 ASBESTOS IDENTIFICATION (HYGIENE REPORT) – APPLICABLE TO FRIABLE/ASBESTOS IN SOILS

Is a hygienist report available?

Yes

No

If yes, how was the report attached?

Email

Post

By hand

SECTION 5.2 ASBESTOS ASSESSMENT

Who will be undertaking the clearance inspection and issuing the clearance certificate?

Competent person (VET course)

Competent person (tertiary qualification)

Licensed asbestos assessor

SECTION 5.3 CONTACT DETAILS

*Name

*Asbestos assessor licence number

*Daytime contact number Mobile number

*Name of department of issue

Email

*State/territory or Commonwealth of issue

SECTION 5.4 TESTING LABORATORY

NATA accreditation number

Name of accredited testing laboratory

SECTION 6. SUPERVISOR DETAILS

SUPERVISOR 1

*Title

*Family/Surname

Date of birth (DD/MM/YYYY)

*Given name

*Supervisor class(es)

Other names

*Phone number

SUPERVISOR 2

Title Family/Surname

Date of birth (DD/MM/YYYY)

Given name

Supervisor class(es)

Other names

Phone number

SECTION 7. TYPE OF WORK

*Type of removal work

Mark the appropriate boxes.

Sprayed limpet asbestos

Damaged non-friable asbestos

Suspended ceiling tiles

Friable asbestos in soils

Pipe lagging

Sound proofing

Fire doors

Vinyl floor covering

Fire damage

Asbestos cement products (eg flat or corrugated sheeting

Other

If other (please provide details)

SECTION 8. ASBESTOS REMOVAL CONTROL PLAN (SAFE WORK METHOD STATEMENT)**SECTION 8.1 DOCUMENTATION****IMPORTANT NOTE**

You may be required to provide supporting documentation as part of the notification process.

If supporting documentation is required we will contact you to advise what is required and how you may submit this information.

SECTION 8.2 ASBESTOS LOCATION AND AMOUNT

*Specific location of asbestos

*Friable amount to be removed

square metres

*Non-friable amount to be removed

square metres

SECTION 8.3 PERSONAL PROTECTIVE EQUIPMENT

Items* (please list personal protective equipment – eg disposable overalls, type of masks).

Mark the appropriate boxes.

| | | | |
|---------------------|-----------------------------|-------------------|-------------------|
| Protective clothing | Full face air supplied | Protective gloves | ½ Face respirator |
| P2 mask | Appropriate safety footwear | Other | |

If other (please provide details)

SECTION 8.4 PROVIDE DETAILS OF THE METHOD USED TO ISOLATE/ENCLOSE THE REMOVAL AREA

Isolation/encapsulation*

Mark the appropriate boxes.

| | | | | | |
|----------------------------------|----------|---------|-------|-----|---------------|
| Fencing | Barriers | Signage | Water | PVA | 200µm plastic |
| Class H asbestos vacuum cleaners | Other | | | | |

Other details (eg type and extent of isolation/encapsulation)

SECTION 8.5 AIR PRESSURE DETAILS

*Is negative air pressure provided?

Yes No

If yes (please provide details)

SECTION 8.6 DECONTAMINATION UNIT DETAILS

*Will a decontamination unit be provided?

Yes No

If yes (please provide details)

SECTION 8.7 DISPOSAL OF WASTE

Details must be provided for storage on site or removal, or both.

Please provide details of the proposed waste disposal methods.

Storage on site (location)*

SECTION 8.8 REMOVAL FROM SITE

*Details

Department of Environment and Climate Change (DECC)
 licence number for transport of asbestos waste (if applicable)

Dates removal will occur

Date from

Date to

*Waste disposal site name (must be provided if removing from site)

*Waste disposal site location (must be provided if removing from site)

SECTION 9. DECLARATION

In order to submit the notification, you must read each of the points below and select the check box to acknowledge your acceptance.

I, _____ (print name)
 hereby declare:

- The information contained in this notification is true and correct to the best of my knowledge.
- All employees have been trained in safe work methods appropriate to asbestos removal work.
- It is an offence under the *Work Health and Safety Act 2011*, s268 for a person to make a statement that the person knows to be false and misleading.
- I am authorised to lodge this notification and make this declaration on behalf of the licence holder.
- Licence holders with employees must have current Workers Compensation Insurance when undertaking licensed work.
- I consent to SafeWork NSW making enquiries and exchanging information with work health and safety regulators in other states, territories and/or the Commonwealth regarding any matter relevant to this notification.

I agree to the terms and conditions as outlined above.

PERSONAL DETAILS

*Person making declaration

*Daytime contact number

*Position in company

*Signature

*Date (DD/MM/YYYY)