

NOTIFICATION OF RESPIRABLE ASBESTOS FIBRE LEVELS AT MORE THAN 0.02 FIBRES/ML

MARCH 2019

The form is to be used by the licensed asbestos removalist to notify SafeWork NSW if respirable asbestos fibre levels are recorded at an asbestos removal area at more than 0.02 fibres/ml as required by the WHS Regulation.

How to fill in this form

Please refer to the *Guide for applicants for asbestos removalist and asbestos assessor licences and notifications* available on the SafeWork NSW website before 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.

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

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

This information may also be used by the Regulator for the purposes 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apply to the Regulator to access and correct any information about yourself if inaccurate, incomplete, not relevant or out of date.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.

SECTION 1. PREVIOUS NOTIFICATION

Has the asbestos removal work been notified to SafeWork NSW previously (ie notification of asbestos removal)?

Yes. Please complete the following.

No. You must complete a notification of asbestos removal in addition to this form.

Date of notification (DD/MM/YYYY)

Notification reference number (if known)

SECTION 2. LICENCE HOLDER DETAILS

Licence name	State/territory or Commonwealth of issue
Licence number	Registered business name
Class	ABN
Name of department of issue	Daytime contact number
	Email

SECTION 3. ADDRESS WHERE THE ASBESTOS IS BEING REMOVED

SITE ADDRESS (DO NOT PROVIDE POST OFFICE BOX NUMBER)

Unit number/Street number/Property number (include Lot or DP number if applicable)	Type of workplace (e.g. factory)
Street name	If the workplace is large, specify the location of the asbestos removal
Suburb	
State	Postcode

SECTION 4. AIR MONITORING REPORT

You must submit a copy of the air monitoring results.

I have attached a copy of the air monitoring results

SECTION 5. APPLICANT'S DECLARATION

In order to submit the notification, you must read each of the points below and click in 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 demolition work.
- It is an offence under the *Work Health and Safety Act 2011*, for a person to make a statement that the person knows to be false and misleading.
- All employees have been trained in safe work methods appropriate to asbestos removal work.
- I am authorised to lodge this notification and make this declaration on behalf of the licence holder.
- 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.

Person making declaration

Daytime telephone number

Position in company

Applicant's signature

Date (DD/MM/YYYY)