

# EMERGENCY DEMOLITION NOTIFICATION WHERE ASBESTOS IS INVOLVED

**MARCH 2019** 

This form is used to notify of the demolition or refurbishment of a structure or plant under the WHS Regulation:

- that was constructed or installed before 31 December 2003
- is located in either a workplace or a residential premises where an emergency has occurred
- · the structure or plant must be demolished
- asbestos is fixed to or installed in the structure or plant before the emergency occurred.

Demolition or refurbishment does not include minor or routine maintenance work or other minor work. An emergency occurs if:

- a structure or plant is structurally unsound
- collapse of the structure or plant is imminent.

The notification must be made to SafeWork NSW by the person with management or control of the workplace or the person who is to carry out the demolition (residential premises) immediately after they become aware of the emergency and before the demolition is commenced.

#### How to fill in this form

Please refer to the *Guide for applicants for asbestos removalist and asbestos assessor licences and notifications* (catalogue no. SW08018) 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  $\square$  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 demolition 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.

For a residential premises the licensed demolisher, or for a workplace the person with management or control of the workplace, structure or plant. Mark one box only.

Demolition licence holder

Person with management or control of the workplace, structure or plant

#### **SECTION 1.1 TYPE OF PLACE**

Workplace Residential premises

#### **SECTION 1.2 LICENCE HOLDER DETAILS**

Licence name Name of the department of issue

Licence number Registered business name

Class(es) ABN

Expiry date (DD/MM/YYYY) Daytime contact number

State/territory or commonwealth of issue

#### **SECTION 1.3 DETAILS OF NOTIFIER** Same as above

Title Family/Surname Email

Given name Business name (if applicable)

Other names

ABN (if applicable)

Daytime contact number

## SECTION 2. ADDRESS OF THE WORKPLACE/RESIDENTIAL PREMISES I

STREET ADDRESS (DO NOT PROVIDE POST OFFICE BOX NUMBER)

Unit number/Street number/Property number

(include Lot or DP number if applicable) Suburb

Street name State Postcode

## **SECTION 3. NATURE OF EMERGENCY I**

Explain in detail

#### SECTION 4. 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.
- · 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.

Person making declaration	Daytime telephone number	
Position in company	Applicant's signature	Date (DD/MM/YYYY