

# NOTIFICATION OF ASBESTOS REMOVAL WORK

NA-01 JUNE 2016

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.

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) available on the SafeWork NSW website before completing this notification.

Please use **black ink** only and print within the boxes in BLOCK LETTERS.

Where options are provided, please mark box(es) with a tick  to indicate selection(s).

**Assistance – 13 10 50**

## Fees

There is no fee associated with this form.

## Lodgement instructions

**Email (preferred):** [adu@safework.nsw.gov.au](mailto: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 removal 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to the Regulator to access and correct any information about yourself that is inaccurate, incomplete, not relevant or out of date.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.

## SECTION 1. PREVIOUS NOTIFICATION

Yes. Please complete this section.

No. Please go to section 2.

Date of the telephone notification (DD/MM/YYYY)

Notification reference number (if known)

**SECTION 2. DETAILS OF LICENSED ASBESTOS REMOVALIST****SECTION 2.1**

Name on the asbestos removalist licence	Business registration (trading) name
Licence number	ABN (for Australian businesses only)
Class	Daytime contact number
Class A (Friable asbestos)	
Class B (Non friable asbestos)	Mobile number
Name of department of issue	Email
State/territory or commonwealth of issue	

**SECTION 2.2 SUPERVISOR DETAILS****SUPERVISOR 1**

Title	Family/Surname	Date of birth (DD/MM/YYYY)
Given name		Daytime contact number
Other names		Mobile number
Email		

**SUPERVISOR 2**

Title	Family/Surname	Date of birth (DD/MM/YYYY)
Given name		Daytime contact number
Other names		Mobile number
Email		

**SUPERVISOR 3**

Title	Family/Surname	Date of birth (DD/MM/YYYY)
Given name		Daytime contact number
Other names		Mobile number
Email		

### SECTION 3. DETAILS OF PERSON WHO WILL BE UNDERTAKING THE CLEARANCE INSPECTION AND ISSUE THE CLEARANCE CERTIFICATE

Title Family/Surname Mobile number

Given name Email

Other names Asbestos assessor licence number (if applicable)

Date of birth (DD/MM/YYYY) Name of department of issue

Daytime contact number State/territory or commonwealth of issue

### SECTION 4. PERSON FOR WHOM THE WORK IS CARRIED OUT

Is the person for whom the work is being carried out the site owner/controller?

Yes. Please go to section 5.

No. Please complete this section.

Title Family/Surname Date of birth (DD/MM/YYYY)

Given name Daytime contact number

Other names Mobile number

### SECTION 5. SITE OWNER/CONTROLLER

#### SECTION 5.1 INDIVIDUAL OR CONTACT PERSON FOR BODY CORPORATE

Title Family/Surname Other names

Given name Date of birth (DD/MM/YYYY)

#### SECTION 5.2 BODY CORPORATE DETAILS

Registered name of body corporate

Business registration (trading name)

ABN (for Australian businesses only) Daytime contact number

Mobile number

**SECTION 6. DETAILS OF THE WORKPLACE WHERE THE ASBESTOS IS BEING REMOVED**

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

Type of workplace (for example factory)

If the workplace is large, the specific location of the asbestos removal

**SECTION 7. DETAILS OF ASBESTOS WORK**

Start and expected end date of the demolition work:

Start date (DD/MM/YYYY)

End date (DD/MM/YYYY)

Type of asbestos being removed:

Friable asbestos. Please provide removal details below.

Non friable asbestos.

Details of removal including method used to enclose the removal area

The estimated quantity of asbestos to be removed (square metres)

Number of workers for this removal work

Number of workers who have successfully completed the relevant competency unit

**SECTION 8. APPLICANT'S DECLARATION**

I, \_\_\_\_\_ (print name)

declare that:

- The information in this notification is true and correct to the best of my knowledge.
- 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.

Applicant's signature

Date (DD/MM/YYYY)