



ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
Service NL
Occupational Health & Safety Branch

Project Location:				
Project Start Date	Abatement Start Date	Date of Completion	Work Schedule	Demolition Start Date (If Applicable)

Asbestos Contractor

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facismile
email	

Project Details

- Has the Asbestos Workplace Assessment and Management Plan been reviewed and available for onsite inspection?
 Yes No
- Project Location:
- Asbestos Type / Percentage and Quantity of Asbestos

Chrysotile	_____	%
Amosite	_____	%
Crocidolite	_____	%
Other	_____	%

Quantity _____
Material Type _____
Friable Yes No
- Workforce

Number of Workers	_____
# of Schedule A Trained Workers/Supervisors	_____
# of Schedule B Trained Workers	_____
- Respiratory Protection to Be Utilized:
Half mask Air Purifying Respirator with high efficiency particulate filter
Full mask Air Purifying Respirator with high efficiency particulate filter
Powered Air Purifying Respirator with high efficiency particulate filter
- Decontamination Facilities:

<input type="checkbox"/> Three Chamber Airlock W/Shower
<input type="checkbox"/> Other (Specify) _____
- Will the work site be occupied during the Abatement Activities?
 Yes No
- Is an Exemption requested? If Yes, detail specific exemption request and attach supporting documentation.
 Yes (Specify) No

On-site Supervisor

Name	
Telephone	Facismile
email	

Principal Contractor/Owner

Name	
Telephone	Facismile

ACM Abatement Scope

<input type="checkbox"/> Type III Abatement
<input type="checkbox"/> Type II Abatement
<input type="checkbox"/> Type I Abatement
<input type="checkbox"/> Glove Bag
<input type="checkbox"/> Other (Outside Work, Encapsulation, etc.) Specify _____

Air Monitoring Strategy

For Example: the number of samples, locations, schedule, and monitoring method and analysis: include the qualified consultant/personnel's name

Enclosure Negative Pressure (If Applicable)

Calculation of Enclosure Air Exchanger Rate:

$$N = (Q \times 60) / VR$$
 Where:
 N = number of air changes per hour (ACH)
 Q = effective ventilation rate in cubic feet per minute (CFM); and
 VR = volume of room in cubic feet
 N must equal or exceed 4 ACH

Other Anticipated Site Hazards and Controls

For Example: confined space, heat stress, working from height, etc.

I hereby declare that the above information is accurate to the best of my knowledge

Authorized By:

Client Requesting Abatement

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facismile
email	

Building Owner

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facismile
email	