

# Notification of asbestos removal

Use this form to notify of an intended asbestos removal in accordance with Regulation 466 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

Note: At least 5 days' notice is required before commencement of work. Refer to the guide for asbestos removal and licensing for further information.

## Notification type:

Class A – friable asbestos removal  Class B – non-friable asbestos removal

## 1. Asbestos business details

Business name:		ABN:	
Contact person:			
Licence number:		Expiry:	
		Class:	A <input type="checkbox"/> B <input type="checkbox"/>
State/Territory or Commonwealth of issue:			
<b>(Interstate licence holders must supply a copy of a current equivalent asbestos removal licence)</b>			
Phone number:		Mobile number:	
Email address:			

## 2. Site details

Residential property <input type="checkbox"/>	Commercial property <input type="checkbox"/>	
If commercial, what type of workplace is it (e.g. factory):		
Site name (if applicable):		
Address:		
Suburb:	State:	Postcode:

## 3. Asbestos removal details

Estimated start date:		Estimated finish date:		
Estimated quantity of asbestos to be removed (square metres):				
Type of asbestos being removed:				
Sprayed limpet asbestos <input type="checkbox"/>	Damaged non-friable asbestos <input type="checkbox"/>	Blackjack glue <input type="checkbox"/>		
Friable asbestos in soil <input type="checkbox"/>	Pipe lagging <input type="checkbox"/>	Vinyl floor backing <input type="checkbox"/>		
Tiles containing asbestos (e.g. floor, ceiling & wall) <input type="checkbox"/>	Asbestos cement products (e.g. flat or corrugated sheeting) <input type="checkbox"/>	Insulation <input type="checkbox"/>		
Other (please provide details):				
Provide details of the specific location of asbestos on the site i.e. veranda eaves, bathroom floor tiles, etc.:				
If friable (Class A) asbestos is to be removed, provide details of the method used to enclose the removal area:				
Fencing <input type="checkbox"/>	Barriers <input type="checkbox"/>	Signage <input type="checkbox"/>	Water <input type="checkbox"/>	PVA <input type="checkbox"/>
200µm plastic <input type="checkbox"/>	Class H asbestos vacuum cleaners <input type="checkbox"/>			
Other (please provide details):				

**4. Site owner/controller** (name of organisation/individual who engaged the services of the asbestos removalist)

Business <input type="checkbox"/>		Individual <input type="checkbox"/>	
Owner/Controller name:			
Business name (if applicable):			
Trading name (if applicable):			
Phone number:		Mobile number:	
Email address:			

**5. Workers details** (provide workers details below, if more than 6 workers please attach additional pages)

Number of workers:			
Number	Worker name	Competency unit achieved	Issue date
1			
2			
3			
4			
5			
6			
7			
8			

**6. Supervisor details** (note: the supervisor must be approved on your business licence)

Number	Supervisor name	Phone number	Email address
1			
2			
3			
4			
5			

**7. Clearance inspection details**

Who will be undertaking the clearance inspection and issuing the clearance certificate?			
Competent person <input type="checkbox"/>		Licensed asbestos assessor <input type="checkbox"/>	
Name:		Asbestos assessor licence number:	
State/Territory or Commonwealth that issued the asbestos assessor licence (if applicable):			
Phone number:		Mobile number:	
Email address:			

**8. Asbestos removal control plan**

Under Regulation 464 and 465 an asbestos removal control plan must be prepared ensuring details of how the asbestos removal will be carried out, including the method, tools, equipment and PPE to be used. A copy of this must be given to the person who commissioned the licensed asbestos removal work.

**9. Notifier declaration**

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

I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification.

I have submitted this form electronically (signature is not required)

Notifier signature:

Date:

**Privacy statement**

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act*.

**Lodgement**

Completed applications can be lodged in person, email or via post at a NT WorkSafe below:

**Phone:** 1800 019 115

**Email:** [ntworksafe@nt.gov.au](mailto:ntworksafe@nt.gov.au)

**Postal:** GPO Box 1722, Darwin NT 0801

**In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT