

NOTIFICATION FORM TO BE USED FOR ANY WORK INVOLVING ASBESTOS

(S.I. No. 386 of 2006, Regulation 11 – Notification)

(Removal, repair or encapsulation of lagging, insulation or other materials containing asbestos i.e. work other than activities meeting the requirements of Reg 5(b) of S.I. No. 386 of 2006). This form must be submitted 14 days prior to the start of such work to:-

**Health and Safety Authority, Occupational Hygiene,
Metropolitan Building, James Joyce Street, Dublin 1**

(Or Fax to: 01-6147020)

FOR OFFICE USE

EMP No:	POW No:	Notif No:
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TO BE COMPLETED BY NOTIFIER

Name of Notifier: Address: <i>(usual place of business)</i> Telephone:	Date of Notification:
Name of Client: Contact details of Client:	Removal Contractor contact details: (a) Name of person dealing with removal works: (b) Telephone No. of contact person:
Address of Asbestos/Work Site:	
Scheduled Start Date:	Estimated Completion Date:
Smoke Test Date:	No. of workers:

Type and quantity of asbestos likely to be involved : *(e.g.: ceiling tiles, amosite pipe lagging)*

Location(s) of asbestos containing materials at the worksite:

Asbestos activities or processes involved : *(e.g.: removal, repair, encapsulation/plant involved etc)*

Dust suppression methods to be used: *(e.g.: wet stripping, shadow vacuuming)*

Brief description of the manner in which the work is to be done : *(A copy of the plan of work, with site drawing, supplied to the client must be submitted with this notification to the Authority)*

- ***Request for waivers must be accompanied by full justification from the client company and a copy of the plan of work.***
- ***Where there is a change of a material nature in the carrying out of the activity to which this notification relates, the employer shall inform the Authority of that change in writing and submit a new notification for the purposes of these Regulations advising the Authority in writing of the reasons for this new notification.***