

# Asbestos Removal Notification

This form is to be completed for each instance of the removal of asbestos on Cape Cod sites.

\* Required

1. Client \*

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2. Site Address \*

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3. Site Number \*

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4. Supervisor \*

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5. Is the asbestos removal of 10m<sup>2</sup> or greater? \*

Mark only one oval.

☐ Yes - Volumes of 10m<sup>2</sup> or more is classed as licensed asbestos removal work. 5 calendar days' notice to SafeWork is required. *After the last question in this section, skip to question 19.*

☐ No *After the last question in this section, stop filling out this form.*

6. Amount to be removed (m<sup>2</sup>) \*

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7. Asbestos Class \*

Mark only one oval.

☐ Class B (Non-Friable)

☐ Class A (Friable - NOTE: CAPE COD DO NOT HOLD THE LICENCE CLASS REQUIRED TO HANDLE THIS CLASS OF ASBESTOS)

8. Type \*

Mark only one oval.

☐ Asbestos Cement Sheets/Products

☐ Vinyl floor covering

☐ Other: 

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**9. Specific Location of Asbestos \***

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**10. Proposed start date of asbestos removal work: \***

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*Example: December 15, 2012*

**11. Proposed finish date of asbestos removal work: \***

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*Example: December 15, 2012*

**12. Operating hours of the site: \***

*Mark only one oval.*

☐

7am - 3:30pm

☐

Other: \_\_\_\_\_

**13. Number of workers involved in the asbestos removal work? (NOTE: ALL WORKERS INVOLVED IN THE REMOVAL OF ASBESTOS MUST HAVE SUCCESSFULLY COMPLETED RELEVANT COMPETENCY UNIT) \***

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**14. Personal Protective Equipment to be used: \***

*Check all that apply.*

☐

Protective coveralls

☐

P2 Mask

☐

Protective gloves

☐

1/2 face respirator

☐

Full face air supplied

☐

Other: \_\_\_\_\_

**15. Methods used to isolate / enclose the removal area: \****Check all that apply.*

- ☐ Fencing
- ☐ Signage
- ☐ Water
- ☐ PVA
- ☐ Barriers
- ☐ 200 µm plastic
- ☐ Class H asbestos vacuum cleaners
- ☐ Other: \_\_\_\_\_

**16. Extent of isolation / encapsulation (how will these methods be used) \***

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**17. Have you reviewed the applicable Asbestos Register to confirm the location of identified asbestos and conducted a site assessment to plan for the removal work? \****Mark only one oval.*

- ☐ Yes
- ☐ No - You must review the Asbestos Register relevant to the site.
- ☐ An Asbestos Register is not available for this site

**18. Have you confirmed a Safe Work Method Statement relevant to the asbestos removal work has been developed by the applicable workers? \****Mark only one oval.*

- ☐ Yes
- ☐ No - Work involving asbestos is high risk. A SWMS must be in place for this work to take place.
- ☐ Other: \_\_\_\_\_

**LICENSED ASBESTOS REMOVAL (10M2)**

19. **\*A CLEARANCE INSPECTION IS LEGALLY REQUIRED OF THE ASBESTOS REMOVAL AREA TO VERIFY THAT THE AREA IS SAFE FOR NORMAL USE. FOLLOWING INSPECTION, A CLEARANCE CERTIFICATE MUST BE OBTAINED PRIOR TO THE ASBESTOS REMOVAL AREA BEING REOCCUPIED. THIS MUST BE CONDUCTED BY AN INDEPENDENT COMPETENT PERSON. CAPE COD ENLISTS THE SERVICES OF LEON CARNEVALE TO CONDUCT CLEARANCE INSPECTIONS AND ACTION SUBSEQUENT ASBESTOS CLEARANCE CERTIFICATES. Do you acknowledge that a clearance certificate\* must be received prior to normal use of the area? \***

*Mark only one oval.*

- ☐ Yes
- ☐ No - REFER WHS & HR Manager; Licensed Asbestos Removal Work is not to commence.

20. **Asbestos Supervisor \***

*Mark only one oval.*

- ☐ Dean Beringer
- ☐ Gary Klomp
- ☐ John Walton

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