

HEALTH AND SAFETY EXECUTIVE FOR NORTHERN IRELAND

Health and Safety at Work (Northern Ireland) Order 1978 The Control of Asbestos Regulations (Northern Ireland) 2007

NOTIFICATION FORM

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- Please read the notes overleaf before completing the form.
 - Please use block capitals.
 - This form may be photocopied for use in subsequent notifications.
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Name:

Address:

Telephone No:

Licence No:

Name of Site Supervisor:

1. Location of work which is being notified (see note 1 overleaf).
2. Actual start date on site and expected duration of work (see note 2 overleaf).
3. Description of work to be undertaken. Please specify (see note 3 overleaf).
4. Size of job (see note 4 overleaf).
5. Maximum number of persons carrying out the work.
6. Dust suppression or control technique to be used (see note 5 overleaf).
7. Anticipated maximum asbestos dust exposure levels f/ml.
8. Type of RPE to be used and maker's maximum recommended exposure level.

For office use only	
Date received in IO: Contract/Activity Inspected: Y/N Assessment: Fair () Good () Poor ()	Action taken (if any):

NOTES FOR GUIDANCE ON COMPLETION OF FORM ASB5-NI

1. Give name, address, specific location, telephone number and name of occupiers, site contact.
2. If the date has not been agreed at the time of notifying, the Health and Safety Executive for Northern Ireland should be advised as soon as possible, before work is due to commence.
3. Type of application eg:

Sections on pipes, sprayed coatings on beams etc.
Type of asbestos to be removed. Any special problems, eg:
Restricted working space, hot plant etc.
4. Eg Estimated number of bags of waste.
5. If wet dust suppression methods cannot be used, please give reasons and specify dust control techniques which are to be used.
6. When completed, please return this form to the:-

The Health and Safety Executive for Northern Ireland
83 Ladas Drive
BELFAST
BT6 9FR

Tel: 028 9024 3249

Fax: 028 9023 5383