ASB NNLW1 – Notification of non-licensed work with asbestos

Contact details

Title	First Name	Last Name

Organisation Name		
Email		
Phone no		

Your address

Property		*(e.g. building name or no.)*
Street		*(e.g. street)*
Locality		*(e.g. district)*
Town		
County		
Post Code		

Location of work being notified (Workplace)

Property		*(e.g. building name, site identification)*
Street		*(e.g. street)*
Locality		*(e.g. district)*
Town		
County		
Post Code		

Please return this form to: HSENI, 83 Ladas Drive, Belfast, BT6 9FR, Northern Ireland
Email: online@hseni.gov.uk

Health & Safety at Work (NI) Order 1978, Control of Asbestos Regulations 2012

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CONTROLLING RISK TOGETHER

Contractor (Client Details)

Contractor		
Property		*(e.g. building name, site identification)*
Street		*(e.g. street)*
Locality		*(e.g. district)*
Town		
County		
Postcode		
Email		

Form of Asbestos:

- Asbestos Insulation (short duration work) ☐
- Asbestos Insulation board (short duration work) ☐
- Textured decorative coating (removal only) ☐
- Asbestos Cement (substantially degraded only) ☐
- Other (give details below) ☐

Other (give details)	
Estimated Quantity:	
No. of Workers:	
Start Date: (Please use format: dd/mm/yyyy)	
Duration (days):	
Activity and the Process Involved:	

Measures Taken: (select all that apply)	Workers trained in control measures	☐
	Use of Class H vacuum	☐
	Use of steaming or gels e.g. for textured decorative coatings	☐
	Use of FFP3 respirator or equivalent and disposable overalls	☐
	Intact removal of intact panels/tiles	☐
	Use of non-powered hand tools and wetting methods	☐
	Dust containment e.g. enclosure	☐
	Other (specify below)	☐

Measures Taken (other):	

Please note that HSENI requires a Plan of Work to be submitted with any notification for non-licensed work with asbestos.

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