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Notification Form

Contact Details

Title First name Surname

Contractor
Your address

Property (e.g. building name or no.)

Street (e.g. street)

Locality (e.g. district)

Town

County

Post Code

Phone no

Email

Licence Number

Name of Site Supervisor

Location of work being notified (Workplace) (Please see note 1 overleaf)

Property (e.g. building name, site identification)

Street (e.g. street)

Locality (e.g. district)

Town

County

Post Code

Please provide a description of the work to be undertaken - See Note 3 overleaf

Date Work Started (See Note 2 overleaf) (please use dd/mm/yyyy)

Expected Duration (days) (See Note 2 overleaf)

- Details about the size of the job (See note 4 overleaf).
- The maximum number of persons carrying out the work.
- Dust suppression or control techniques that are to be used (See note 5 overleaf).
- Anticipated maximum asbestos dust exposure levels - F/ml.
- Type of RPE to be used and maker's maximum recommended exposure level.

1. Give name, address, specific location, telephone number and name of occupiers and 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 e.g.:
Sections on pipes, sprayed coatings on beams etc.
Type of asbestos to be removed. Any special problems, e.g.:
Restricted working space, hot plant etc.
4. E.g. 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:-

Please note that HSENI requires a Plan of Work to be submitted with any notification for working with asbestos.