

# Notification Form

## Contact Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contractor	<input type="text"/>	
<b>Your address</b>		
Property	<input type="text"/>	(e.g. building name or no.)
Street:	<input type="text"/>	(e.g. street)
Locality:	<input type="text"/>	(e.g. district)
Town:	<input type="text"/>	
County:	<input type="text"/>	
Postcode:	<input type="text"/>	
Phone no	<input type="text"/>	
E-mail:	<input type="text"/>	
Licence Number	<input type="text"/>	
Name of Site Supervisor	<input type="text"/>	

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

Property	<input type="text"/>	(e.g. building name, site identification)
Street:	<input type="text"/>	(e.g. street)
Locality:	<input type="text"/>	(e.g. district)
Town:	<input type="text"/>	
County:	<input type="text"/>	
Postcode:	<input type="text"/>	

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

Date Work Started (See Note 2 overleaf)	<input type="text"/>	(please use dd/mm/yyyy)
Expected Duration (days) (See Note 2 overleaf)	<input type="text"/>	

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**Details of the work being carried out** (Please see notes 4 - 5 overleaf)

In the following comments box, please ensure you provide the following information:

- 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.

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## NOTES FOR GUIDANCE ON COMPLETION OF FORM ASB5-NI

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:-

The Health and Safety Executive for Northern Ireland  
83 Ladas Drive  
BELFAST  
BT6 9FR  
Tel: 028 9024 3249  
Fax: 028 9023 5383

Email: [online@hse ni.gov.uk](mailto:online@hse ni.gov.uk)

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