



## 2. Details of client

Client name (person or organisation that commissioned the asbestos removal work):	
Contact person:	Client telephone:

<b>OFFICE USE</b>
Is part 2 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No

## 3. Workplace name and address (where asbestos removal work will be performed)

Workplace name (include registered business or corporate name):		
Workplace address:		
		Postcode:
Specific location where removal work will take place (eg. floor level, name of building):		
Date of notification  / /	Planned removal commencement date:  / /	Estimated completion date:  / /

<b>OFFICE USE</b>
Is part 3 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No

## 4. Type of notification

Tick <b>one</b> of the below: <input type="checkbox"/> At least 7 days prior to asbestos removal commencing OR <input type="checkbox"/> Notification of an "urgent" removal If less than 7 days notice is proposed supply details of the urgent circumstances:	
Tick <b>one</b> of the below: Is this notification: <input type="checkbox"/> First notification for this removal job <input type="checkbox"/> Updated/amended notification for this removal work	

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Is part 4 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No

## 5. Type of workplace

<input type="checkbox"/> Public location (eg. school, hospital, shopping centre, child care centre) <input type="checkbox"/> Industrial <input type="checkbox"/> Adjacent to public location <input type="checkbox"/> Office <input type="checkbox"/> Demolition site	<input type="checkbox"/> Domestic premises <input type="checkbox"/> Utilities infrastructure (eg. telecommunications pits and pipes, gas, sewerage, electrical) <input type="checkbox"/> Vessel, plant or vehicle <input type="checkbox"/> Other (specify)
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<b>OFFICE USE</b>
Is part 5 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No



## 6. Advice to those potentially affected by the removal work activities

Is there a potential for persons in adjoining properties to be affected by these works? (eg. traffic management procedures, use of heavy lifting plant on site, public concern about potential exposure etc)

Yes  No

Who from adjoining properties has been or will be provided with information in relation to the proposed works? How will they be advised?

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Is part 6 complete

Yes  
 No

## 7. Type of asbestos contained in material to be removed

Chrysotile  not applicable  
 Amosite  Other (please specify):  
 Crocidolite

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Is part 7 complete

Yes  
 No

## 8. Type of removal

### Friable Removal

#### Type of Asbestos Containing Material (ACM)

Sprayed Limpet  
 Pipe lagging  
 Insulation  
 Manufactured non-friable ACM that has become friable  
 Friable millboard  
 Friable gaskets  
 Other (please specify):

#### Method of enclosure

Full Enclosure  Glove Bag  
 Mini Enclosure  Wrap and Cut  
 Other (please specify):

### Non-Friable Removal

#### Type of Asbestos Containing Material (ACM)

AC roof  
 AC pipe  
 AC sheet  
 Vinyl floor or wall tile  
 Fire door  
 Pump/Valve Packing  
 Zalamite Boards  
 Non-Friable gaskets  
 Telecommunications pits and pipes  
 Asbestos containing glue  
 Other (please specify):

Estimated Friable Removal Quantity  
Cubic metres (m<sup>3</sup>):

Estimated Non-Friable Removal Quantity  
Square metres (m<sup>2</sup>):

Estimated removal quantity for pipe (metres x diameter):

### OFFICE USE

Is part 8 complete

Yes  
 No



## 9. Scope of asbestos removal work

Will the asbestos removal work described in this notification result in removal of ALL asbestos containing materials from the entire site?

Yes

No

Do not know / unsure

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Is part 9 complete

Yes

No

## 10. Name of organisation conducting para occupational air monitoring

Name of organisation:

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*The National Code of Practice for the Safe Removal of Asbestos) states that air monitoring should be performed whenever ACM is being removed, to ensure that control measures are effective. Air monitoring is required for indoor friable removal and outdoor friable removal that presents a risk. Although an air monitoring program is not always necessary for the removal of non-friable ACM, it is nonetheless good occupational hygiene practice. If no monitoring is to be conducted please provide the reason:*

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Is part 10 complete

Yes

No

## 11. System of work

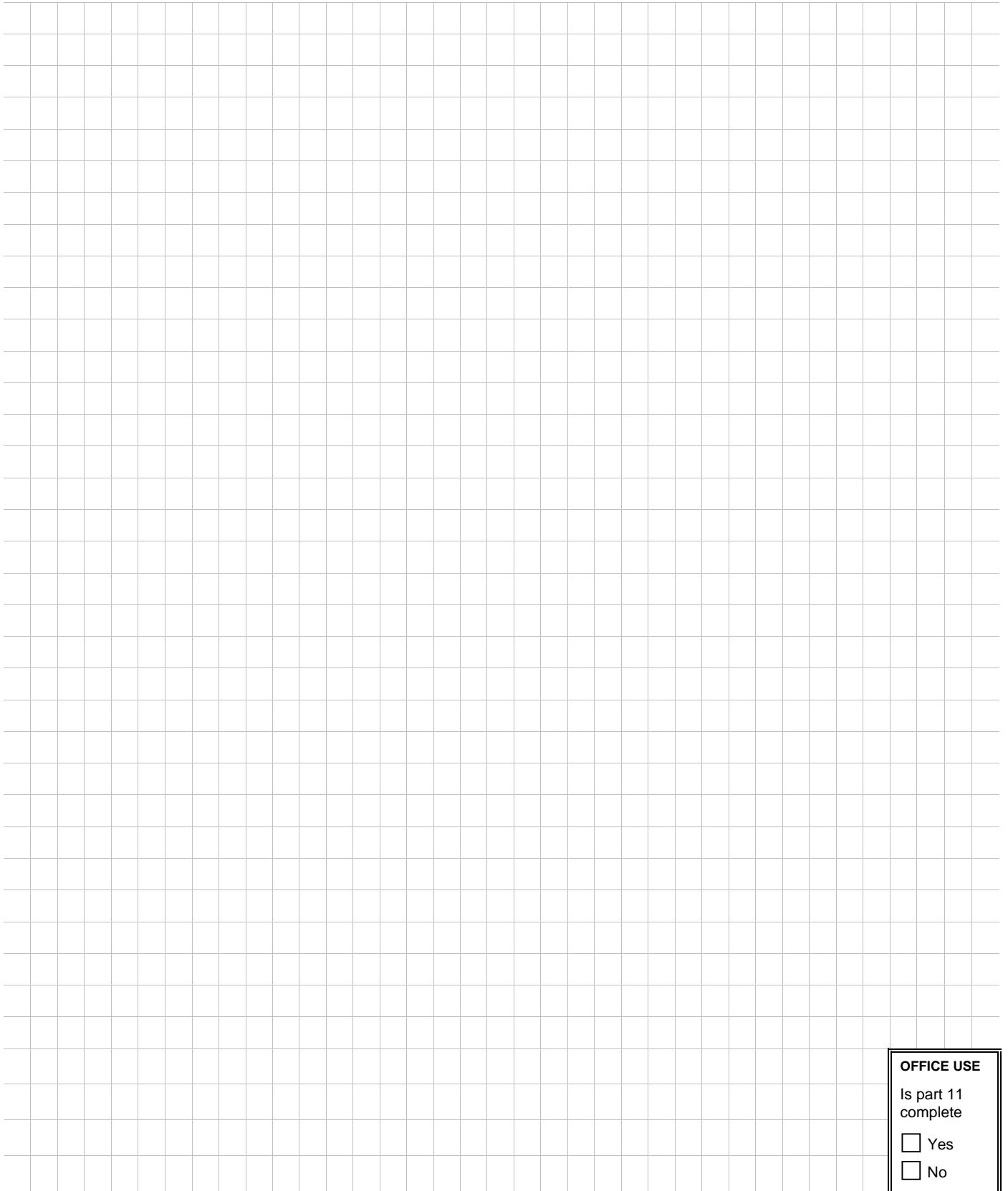
How will the work be carried out? Provide a task list or workflow outlining the intended process and sequencing of activity.



**Provide details of the location of the removal including a site plan showing:**

Where on the site the asbestos containing material is located and approximate distances from removal site to boundaries, adjacent buildings or structures and public areas such as footpaths and roadways, location of bins, location of traffic management measures, where air monitoring equipment will be set up (if known) and locations of decontamination facilities (where required) including the approximate distances of this equipment from the removal site and boundaries.

**Not required to be to scale**



<b>OFFICE USE</b>
Is part 11 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No



## 12. Risk Management Plan

Provide details of your Risk Management Plan for this removal work by either:

- completing the details below;

OR

- attaching a separate document which meets the requirements of Regulation 39B of the Workplace Health and Safety Regulations 2008.

**NOTE:** An appropriate level of supervision must be provided to ensure that control measures are implemented.

### 12.1 Hazards, risks and control measures

#### 12.1.1 Risk of falling

Will the removal involve work at height (eg roof, ceiling)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a risk of workers falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What distance is it possible to fall?		

#### Control measures

<b>What fall prevention measures will be utilised?</b>			
<input type="checkbox"/> Perimeter protection	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> EWP (boom type)	<input type="checkbox"/> Scissor lift
Will fall arrest equipment (harnesses, lanyards etc) including harnesses for workers using EWP be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are operators of EWP licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (if applicable):			

#### 12.1.2 Risk of exposure to asbestos fibre

Is there a risk of exposure to persons other than workers performing the removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who might be at risk?		

#### Control measures

<b>What process will be used to minimise the release of fibres?</b>		
<input type="checkbox"/> Wetting down	<input type="checkbox"/> PVA spray	<input type="checkbox"/> Steps to minimise breakage
Other:		
<b>What control measures will be utilised to protect workers from exposure to fibres?</b>		
<input type="checkbox"/> Personal Protective Clothing and footwear:		
<input type="checkbox"/> Respiratory Protection Devices (specify type):		
<input type="checkbox"/> What training has been provided to workers undertaking the removal?		
<b>What control measures will be utilised to protect others from exposure to fibres?</b>		
<input type="checkbox"/> Warning signs and barriers		
<input type="checkbox"/> Plastic screening isolating the work area		
<input type="checkbox"/> Decontamination facilities (specify)		
<input type="checkbox"/> Approved vacuum equipment in use (HEPA filter)		
<input type="checkbox"/> Wet wiping after final cleaning or PVA spray		
<input type="checkbox"/> Will air monitoring be undertaken		
<input type="checkbox"/> Final visual inspection to ensure site is free of debris or waste		
<input type="checkbox"/> If monitoring is required – final clearance by independent qualified person prior to reoccupation of area		



**How will asbestos waste be disposed of?**

- Asbestos waste bagged in plastic at least 0.2mm thick and appropriately marked
- Provision of sufficient appropriate lined bins

Proposed disposal site is:

Company transporting waste:

Hazardous waste handling licence no:

**12.1.3 Plant related risks**

- Will cutting or grinding equipment be used?  Yes  No
- Will powered mobile plant be used?  Yes  No
- Will portable electrical equipment be used?  Yes  No

**Control measures**

- Training, competency assessment or licensing of workers operating mobile plant
- All electrical equipment protected by RCDs
- Equipment and extension leads tested, tagged and visually inspected prior to use
- Existing electrical fixtures isolated by a license electrical contractor
- Measures in place to prevent contact with overhead power lines

**12.1.4 Environmental risks**

- Are workers at risk from environmental factors such as inclement weather (including rain, wind, heat, humidity)?  Yes  No

**Control measures**

- Scheduled breaks for workers wearing full PPE
- Provision of or access to amenities (e.g. toilets)
- Provision of drinking water, shade, shelter

**12.1.5 Vehicle related risks**

- Are there risks associated with the movement of vehicles (traffic entering or leaving site, movement of mobile plant, work impinging on footpaths or roadways etc)?  Yes  No

If yes, control measures are:

**Control measures**

- Council notified – permit granted  barricades erected, traffic diverted
- traffic control device(s)  pedestrian traffic diverted
- traffic controller in place when vehicles moving across footpaths or onto roadways
- traffic management plan
- site fenced and secured (if applicable)
- Other control measures (specify):



### 12.1.6 Emergency planning

First aid officer on site is:		
First aid kit on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency contact details are maintained on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All site workers are trained in emergency response:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evacuation plan in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The following emergency response equipment is held on site (provide details):		
The following have been identified as potential emergency situations (provide details):		
Other risks and control measures (specify below or attach a separate document):		

### 12.2 Health surveillance

<b>What measures are in place for health surveillance of workers undertaking asbestos removal work?</b>
<input type="checkbox"/> Health surveillance in accordance with Regulation 164(2) is undertaken <ul style="list-style-type: none"><li>not later than 90 days after the date on which the worker commences the work or process; and</li><li>at intervals not longer than 3 years for so long as the worker continues to be engaged in such work or process; and</li><li>not later than 30 days after the termination of his or her employment unless, within the previous 12 months, the worker has undergone health surveillance in accordance with this regulation.</li></ul>
<b>What records are kept in relation to the potential exposure of workers to asbestos fibre?</b>
<input type="checkbox"/> Measures are in place to maintain a record of the following information for not less than 30 years after the date of last entry in the record <ul style="list-style-type: none"><li>a list of workers (including their full name, date of birth and addresses while working for the employer) identified as a result of an assessment as having a likelihood of exposure to asbestos</li></ul>

### 12.3 Details of person who is certifying this Risk Management Plan

Name:
Qualifications/Licence No:
(the holder of a license to remove asbestos of the type involved in this removal process is a person whose qualifications and experience is acceptable to the Authority)

<b>OFFICE USE</b>
Is part 12 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No



### 13. Declaration by notifier

#### Declaration

I declare that, to the best of my knowledge, the information provided in this notification and supporting this notification is true and correct in every particular.

I declare that where I have provided personal information to NT WorkSafe about any other individual, I am authorised to provide that information, the information has been collected in accordance with the *Information Act* (NT) and the individual has been or will be made aware of NT WorkSafe’s identity and how to contact it and of the other matters of which an individual is required to be made aware when personal information is collected about them.

<i>Signature of licence holder</i>	<i>Date</i>
<i>Witnessed by (signature) – witness must be at least 18 years of age</i>	<i>Date</i>
<i>Witness name (printed)</i>	<i>Telephone</i>

**WARNING**  
**THE PROVISION OF FALSE OR MISLEADING INFORMATION**  
**IS AN OFFENCE UNDER THE LEGISLATION.**

<b>OFFICE USE</b>
Is part 13 complete
<input type="checkbox"/> Yes
<input type="checkbox"/> No

### 14. General information and instructions

**This notification must be faxed, mailed or hand delivered to NT WorkSafe:**

- Fax number:** 08 8999 5141 or
- Postal address:** GPO Box 1722 DARWIN NT 0801
- Hand delivered:** 1st Floor, Darwin Plaza, 41 Smith Street, The Mall

It must reach NT WorkSafe at least 7 days prior to the proposed commencement of the asbestos removal, unless there are urgent circumstances in which case you must contact NT WorkSafe as soon as you are aware that an urgent removal may be required.

Personal information collected by NT WorkSafe in connection with this notification will be used for the purpose of assessing the notification and administering Northern Territory workplace health and safety legislation. The information may also be used for the administration and enforcement of other legislation administered by NT WorkSafe, administration and evaluation of NT WorkSafe’s programs generally and legal proceedings.

NT WorkSafe may disclose personal information to its contractors and agents; to a court or tribunal; to other regulatory agencies and to any person authorised by the individual to whom it relates, or by law, to obtain it.

NT WorkSafe may disclose a person’s licence status to employers or prospective employers and members of the public who wish to check this status. Collection of this information may be required by Northern Territory workplace health and safety legislation.

If you do not provide any or all of the information required by this form, you will not have met your legal obligation to notify NT WorkSafe of your intention to undertake this work. Commencement of work without notification is a breach of the Workplace Health and Safety Regulations 2008.

#### Further information

Additional information on this issue or other safety matters is available at NT WorkSafe:

GPO Box 1722 Darwin NT 0801

Telephone: 1800 019 115 ♦ Facsimile: (08) 8999 5141 ♦ Email: [ntworksafe@nt.gov.au](mailto:ntworksafe@nt.gov.au)

Website: [worksafe.nt.gov.au](http://worksafe.nt.gov.au)

putting safety first >

