



ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
Government Modernization and Service Delivery
Occupational Health & Safety Division

Project Location:

Project Start Date	Abatement Start Date	Date of Completion	Work Schedule	Demolition Start Date (If Applicable)

Asbestos Contractor

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facsimile
email	

On-site Supervisor

Name	
Telephone	Facsimile
email	

Principal Contractor/Owner

Name	
Telephone	Facsimile

ACM Abatement Scope

<input type="checkbox"/> Type III Abatement
<input type="checkbox"/> Type II Abatement
<input type="checkbox"/> Type I Abatement
<input type="checkbox"/> Glove Bag
<input type="checkbox"/> Other (Outside Work, Encapsulation, etc.) Specify

Air Monitoring Strategy

For Example: the number of samples, locations, schedule, and monitoring method and analysis: include the qualified consultant/personnel's name

Project Details

1. Has the Asbestos Workplace Assessment and Management Plan been reviewed and available for onsite inspection?	<input type="radio"/> Yes <input type="radio"/> No
2. Project Location:	
3. Asbestos Type / Percentage and Quantity of Asbestos	
Chrysotile	_____ %
Amosite	_____ %
Crocidolite	_____ %
Other	_____ %
4. Workforce	Number of Workers
# of Schedule A Trained Workers/Supervisors	_____
# of Schedule B Trained Workers	_____
6. Respiratory Protection to Be Utilized:	
Half mask Air Purifying Respirator with high efficiency particulate filter	
Full mask Air Purifying Respirator with high efficiency particulate filter	
Powered Air Purifying Respirator with high efficiency particulate filter	
7. Decontamination Facilities:	_____
<input type="checkbox"/> Three Chamber Airlock W/Shower	
<input type="checkbox"/> Other (Specify)	
8. Will the work site be occupied during the Abatement Activities?	<input type="radio"/> Yes <input type="radio"/> No
9. Is an Exemption requested? If Yes, detail specific exemption request and attach supporting documentation.	<input type="radio"/> Yes (Specify) <input type="radio"/> No

Enclosure Negative Pressure (If Applicable)

Calculation of Enclosure Air Exchanger Rate:

$$N = (Q \times 60) / VR$$

Where:

N = number of air changes per hour (ACH)

Q = effective ventilation rate in cubic feet per minute (CFM); and

VR = volume of room in cubic feet

N must equal or exceed 4 ACH

Other Anticipated Site Hazards and Controls

For Example: confined space, heat stress, working from height, etc.

I hereby declare that the above information is accurate to the best of my knowledge

Authorized By:

Client Requesting Abatement

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facsimile
email	

Building Owner

Organization	
Location Address	
City/Town	Postal Code
Telephone	Facsimile
email	

This application may be delivered to the Occupational Health and Safety Division , emailed to address below or mailed to the following address.

OHSnotifications@gov.nl.ca

Occupational Health and Safety Division
Government Modernization and Service Delivery
28 Pippy Place
St. John's , NL
A1B 3X4



St. John's
Telephone: (709) 729-2706
Facsimile: (709) 729-3445

Corner Brook
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Facsimile: (709) 637-2928

Grand Falls - Windsor
Telephone:(709)292-4400
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