



## NOTIFICATION OF UNRESTRICTED ASBESTOS REMOVAL WORK

Occupational Safety and Health Regulations 1996

(Required for the removal of any amount of friable asbestos)

**Post:** Director  
Construction, Regional & Primary Industries  
WorkSafe Western Australia  
Locked Bag 14  
Cloisters Square  
PERTH WA 6850

**Email:** [BusinessServicesAdministration@commerce.wa.gov.au](mailto:BusinessServicesAdministration@commerce.wa.gov.au)

The following information is submitted concerning proposed removal work.

1. Details of Contractor			
Name:			
Licence number:			
Date of application:			
2. Details of Premises			
Address:			
Location of asbestos at premises:			
Type of premises i.e. office, factory etc.:			
Occupier name (if known):			
Trading as (if known):			
3. Details of Work			
Anticipated commencement date: Day / Month / Year			
Anticipated completion date: Day / Month / Year			
Type(s) of asbestos (please cross): <input type="checkbox"/> Crocidite <input type="checkbox"/> Amosite <input type="checkbox"/> Chrysotile			
Name of monitoring laboratory:			
Final survey to be carried out by:			
Anticipated date of final survey: Day / Month / Year			

Will adjacent areas be occupied during asbestos removal?  YES  NO

Has Fire Brigade been notified?  YES  NO

Has an asbestos survey been conducted?  YES  NO

Does the premises have a management plan?  YES  NO

Anticipated number of persons to be employed in removal:

Proposed method of removal or treatment of the asbestos material:

(Please attach a plan detailing relevant information concerning the work area)

Asbestos waste to be disposed to:

Name of Applicant

Signature of Applicant

Position