

# Notification of licensed asbestos removal work

(to be completed by licensed asbestos removalist at least five calendar days before licensed asbestos removal work commences)

## 1. Licensed removalist

Name that appears on the asbestos removalist licence		
Licence number	Licence expiry date / /	
Licence class	A class licence	B class licence
State / territory / Commonwealth that issued the licence		
Registered business name of the licence holder		
ABN:		
<b>Business contact details</b>	Working hours: ( )	Mobile:

## 2. Supervisor for asbestos removal work

Name of supervisor for the asbestos removal work		
Mr / Mrs / Miss / Ms		
<i>First name</i>	<i>Surname</i>	
Supervisor's contact details	Working hours: ( )	Mobile:

## 3. Person to conduct inspection and issue clearance certificate

Person conducting clearance inspection and certificate is a:	<input type="checkbox"/> Asbestos assessor (must be licensed after 31/12/2013)	<input type="checkbox"/> Competent person
Name of the person/s who will be inspecting and issuing the clearance certificate (if known)		
Mr / Mrs / Miss / Ms		
<i>First name</i>	<i>Surname</i>	
Contact phone number	Phone: ( )	Mobile:

## 4. Client or person for whom the work is being performed

Client name		
Mr / Mrs / Miss / Ms		
<i>First name</i>	<i>Surname</i>	
Contact phone number	Phone: ( )	Mobile:
Trading name of business / person in control of the workplace		
Address where the asbestos removal will take place		
No	Street name	Street type
Suburb	State	Postcode
Specific location within the site ( <i>If the site is a large workplace</i> )		
Type of place/plant ( <i>eg. domestic premises, shopping centre, child care centre, plant</i> )		
Date the asbestos removal work is expected to commence: / /		
Date the asbestos removal work is expected to finish: / /		
Type of asbestos to be removed	<input type="checkbox"/> Friable	<input type="checkbox"/> Non-friable (bonded)
Estimated quantity of asbestos to be removed (m <sup>2</sup> , kg, bags)		

## 5. Details of work methods

Number of workers to be used for the asbestos removal work:		
Name and competency details of the workers used for the asbestos removal work (refer fact sheet <a href="#">Asbestos transitional arrangements for competency information</a> ):		
First Name	Surname	Competency Details
If friable asbestos is to be removed, describe the method to be used (e.g. the way the area of removal will be enclosed, specific wet method)		
Describe actions taken/to be taken to advise neighbours of intended asbestos removal work		

## 6. Person completing this form

Your name		
Mr / Mrs / Miss / Ms		
<i>First name</i>		<i>Surname</i>
Position within business or undertaking		
Contact phone number:	Phone: (    )	Mobile:
Signature (not required where lodged via email)		
		Date:        /        /

## Lodging your notification

Submit your completed notification to Advisory and Assessment Centre, Office of Fair and Safe Work Queensland by email, fax or post.

**Email :**      whsnotification@justice.qld.gov.au or

**Facsimile:** (07) 3872 0501

**Post:**        Office of Fair and Safe Work Queensland  
 PO Box 820  
 LUTWYCHE QLD 4030.