



# ASBESTOS START WORK NOTIFICATION

This form must be submitted 10 working days before on-site work begins. Submit to the Rhode Island Department of Health in person, by fax (401-222-2456), or through email to asbestos@health.ri.gov

Asbestos Abatement Plan # \_\_\_\_\_

Type of Notification (check one)  Original  Revised  Cancelled

### Owner Information

Facility Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Asbestos Contractor Information

Contractor Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ RI License # LAC - \_\_\_\_\_

Type of Operation (check one)  Demo  Ordered Demo  Renovation  Emergency Renovation

### Facility Description

Building Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Site Location \_\_\_\_\_

Building Size (square feet) \_\_\_\_\_ Number of Floors \_\_\_\_\_ Age in Years \_\_\_\_\_

Present Use \_\_\_\_\_ Prior Use \_\_\_\_\_

### Asbestos Detection Procedure / Analytic Method (check all that apply)

PCM  PLM  TEM  Other \_\_\_\_\_

### Asbestos Quantity

	RACM to be Removed	Non-Friable Asbestos Materials to be Removed	
		Category I	Category II
Pipes (linear feet)			
Surface Area (square feet)			
Facility Components (cubic feet)			

Asbestos Removal Schedule Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Non-Asbestos Renovation / Demolition

Not Applicable (skip to next section) Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Description of Planned Demolition / Renovation Work and Methods

### Description of Work Practices / Engineering Controls to Prevent Emissions of Asbestos at the Demolition / Renovation Site

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**Waste Transporter #1**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Waste Transporter #2**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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**Waste Disposal Site**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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**Government Agency Information**

In accordance with the Rhode Island Rules and Regulations for Asbestos Control [R23-24.5-ASB] Paragraph A.4.2 (c)

 Asbestos Abatement / Demo Ordered by Government Agency  Not Applicable (skip to next section)

Agency Name \_\_\_\_\_

Person Issuing Order \_\_\_\_\_ Title \_\_\_\_\_

Date Order Issued \_\_\_\_\_ Final Compliance Date Required by Order \_\_\_\_\_

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**Emergency Renovations**In accordance with R23-24.5-ASB Section A.4.2  Not Applicable (skip to next section)

Sudden, unexpected event took place on: Date \_\_\_\_\_ Time \_\_\_\_\_

Event Description

Explanation of how event caused unsafe conditions or would cause equipment damage or unreasonable financial burden  

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**Unexpected Asbestos Procedures** Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder  

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**Certifications**As building owner/representative, I certify that an individual trained in the provisions of this regulation [Code of Federal Regulations, 40 CFR Part 61, Subpart M] will be on site during the demolition or renovation and evidence the required training has been accomplished will be available for inspection during normal business hours. **I further certify that the above information is correct.**\_\_\_\_\_  
Print Name Signature RI License # Date