

Work Health and Safety Act 2011

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:			
Business contact details	Working hours: ()	Mobile:		

2. Supervisor for asbestos removal work

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

3. Person to conduct inspection and issue clearance certificate

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

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

Client name					
Mr / Mrs / Miss / Ms					
First name	Surname	e			
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 name		Street type		
Suburb	State	Postcode			
Specific location within the site (If the site is a larg	e workplace)				
Type of place/plant (eg. domestic premises, shopping centre, child care centre, plant)					
Date the asbestos removal work is expected to commence: / /					
Date the asbestos removal work is expected to finish: / /					
Type of asbestos to be removed	Friable Non-friable (bonded)				
Estimated quantity of asbestos to be removed (m ² , kg, bags)					

5. Details of work methods

Number of workers to	be used for the asbest	os removal work:
Name and competency (refer fact sheet Asbestos tra	y details of the workers	used for the asbestos removal work mpetency information):
First Name	Surname	Competency Details
If friable asbestos is to	b be removed, describe	the method to be used (e.g. the way the area of removal will be enclosed, specific wet method)
Describe actions taker	n/to be taken to advise	neighbours of intended asbestos removal work

6. Person completing this form

Your name				
Mr / Mrs / Miss / Ms				
First name	S	Surname		
Position within business or undertaking				
Contact phone number:	Phone: ()	Mobile:	Mobile:	
Signature (not required where lodged via emai	l)	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.

PRIVACY STATEMENT: The Department of Justice and Attorney-General collects, uses, discloses and stores information in accordance with legislation it administers and all applicable privacy laws. This includes information collected by inspectors of the Department. Note that privacy laws do not apply if other laws conflict or allow or require the collection of information, and do not apply to the collection of information by Department of Justice and Attorney-General ti is exercising its law enforcement functions and non-compliance with privacy legislation is deemed necessary to fulfil those functions. The Department of Justice and Attorney-General privacy information is on our website at www.justice.qld.gov.au.