

# Asbestos Project Notification Form

THE WSCC REQUIRES **FIVE BUSINESS DAYS**, FOLLOWING RECEIPT OF ALL SUPPORTING DOCUMENTATION, TO REVIEW ASBESTOS PROJECT SUBMISSIONS

SUBMIT THIS FORM INCLUDING ALL SUPPORTING DOCUMENTS TO **asbestos@wscc.nt.ca** OR **asbestos@wscc.nu.ca** OR FAX **1(867) 873-0262**, CLEARLY INDICATING **ASBESTOS PROJECT NOTICE** IN THE SUBJECT LINE

### Supporting documents:

- ☐ Work procedures
- ☐ Air monitoring and analysis
- ☐ Waste disposal method
- ☐ Worker training certificates
- ☐ Analytical results or survey documents
- ☐ Emergency procedures

THE NORTHWEST TERRITORIES AND NUNAVUT **ASBESTOS ABATEMENT CODE OF PRACTICE** DETAILS THE REQUIREMENTS FOR ASBESTOS ABATEMENT PROCEDURES AND IS AVAILABLE ON THE WSCC'S WEBSITE UNDER THE HEALTH & SAFETY SECTION

Worksite address:		Date of submission (dd/mm/yyyy):	
Building owner:		Phone number:	Email:
Prime contractor:		Mailing address:	
WSCC employer number:	Contact person:	Phone number:	Email:
Asbestos abatement subcontractor(s):		Mailing address:	
WSCC employer number:	Contact person:	Phone number:	Email:

Description of work activities:

Exact location of work area(s):		Number of workers: <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20+
Site supervisor:	Phone number:	Email:
Abatement risk level: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Start date (dd/mm/yyyy):	End date (dd/mm/yyyy):
Building material(s) confirmed to contain asbestos (include quantity and location):  1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Asbestos type and percent (%):  1. <input type="checkbox"/> Chrysotile <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Other _____ % 2. <input type="checkbox"/> Chrysotile <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Other _____ % 3. <input type="checkbox"/> Chrysotile <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Other _____ % 4. <input type="checkbox"/> Chrysotile <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Other _____ % 5. <input type="checkbox"/> Chrysotile <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Other _____ %	

## OFFICE USE ONLY

Date notice received (dd/mm/yyyy):	Received by: <input type="checkbox"/> Email <input type="checkbox"/> Fax	APN number:
Receipt notice sent (dd/mm/yyyy):	Date APN accepted (dd/mm/yyyy):	Processing Safety Officer: