

**Health and Safety Inspectorate
Notification Form**

Health and Safety at Work (Jersey) Law 1989

Asbestos (Licensing)(Jersey) Regulations 2008

Management of Exposure to Asbestos in Workplace Buildings and Structures: Approved Code of Practice

The 14 day notification period (interpreted as meaning at least 10 normal working days) starts once this form is received by the HSI together with a suitable and sufficient Plan of Work. Notifications arriving out of normal office hours (09:00 – 17:00) will be deemed to have been received the next working day.

Licence holder details

Name	Licence no.	Expiry date
Address		Telephone no.

Name of Client

Name	Contact person:	Telephone no.
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Details of job

Site address	Telephone no. (if available)
Exact location of where work with asbestos is to be carried out eg boiler house, room no. etc	
Name of site supervisor	Mobile no.
Name of person preparing the Plan of Work	Mobile no.
Number of persons working on site per shift (<i>including outside man</i>)	
Number of persons working within live enclosure at any one time (<i>Please specify any variances throughout duration of the job</i>)	

Start date of set up on site	Finish date	Duration (no. of working days)
Working hours: start and finish	Weekend working Yes <input type="checkbox"/> No <input type="checkbox"/>	Night working Yes <input type="checkbox"/> No <input type="checkbox"/>
ACM type (please check all relevant boxes)		
Asbestos coating <input type="checkbox"/>	Asbestos insulation <input type="checkbox"/>	Asbestos insulating board <input type="checkbox"/>
Other (Please specify)		

Work to be undertaken (please check all relevant boxes)		
Encapsulation <input type="checkbox"/>	Removal <input type="checkbox"/>	Repair <input type="checkbox"/>

General condition of asbestos materials	
The main type(s) of asbestos present	
Chrysotile <input type="checkbox"/>	Amosite <input type="checkbox"/> Crocidolite <input type="checkbox"/> Other (Please specify)
Approximate quantity of asbestos to be removed	

What combination of control measures will be used to reduce exposure as low as is reasonably practicable (please check all that apply)			
Shadow vacuuming	<input type="checkbox"/>	BS8520 controlled wet-strip equipment	<input type="checkbox"/>
Wrap and Cut	<input type="checkbox"/>	Enclosure of work under negative pressure	<input type="checkbox"/>
Intact removal of whole AIB panels	<input type="checkbox"/>	Decontamination procedures using a DCU	<input type="checkbox"/>
RPE	<input type="checkbox"/>	Other (Please specify on separate sheet)	<input type="checkbox"/>

How will work be supervised and monitored (Please check all that apply)	
Viewing panels <input type="checkbox"/>	CCTV <input type="checkbox"/> Enclosure entry <input type="checkbox"/> Other (Please specify on separate sheet) <input type="checkbox"/>

List the main non-asbestos risks associated with the work eg work at height, confined environment, hot works etc. How these risks will be controlled must be addressed in the Plan of work.

Form completed by		
Name & position	Signature	Date