



Department of  
**Commerce**



## **NOTIFICATION OF UNRESTRICTED ASBESTOS REMOVAL WORK**

(Required for the removal of any amount of friable asbestos)

Director  
Construction, Regional & Primary Industries  
WorkSafe Western Australia  
P O Box 294  
WEST PERTH WA 6872

**Fax:** 9321 8973

**Email:** [safety@commerce.wa.gov.au](mailto:safety@commerce.wa.gov.au)

The following information is submitted concerning proposed removal work.

Contractors Name

Licence Number

Application Date

Address of premises

Location of asbestos on Premises

Type of premises i.e. office, factory, refinery etc

Occupier name (if known)

Trading as (if known)

Anticipated commencement date

Day	/Month	/Year
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Anticipated completion date

Day	/Month	/Year
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Type(s) of asbestos (please circle)

Crocidite	Amosite	Chrysotile
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Name of monitoring laboratory

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Final survey to be carried out by

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Anticipated date of final survey

Day	/Month	/Year
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Will adjacent areas be occupied during asbestos removal?

(Please Circle)

Yes No

Has Fire Brigade been notified?

Yes No

Has an Asbestos survey been conducted?

Yes No

Does the premises have a management plan?

Yes No

Anticipated number of persons to be employed in removal

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Proposed method of removal or treatment of the asbestos material:

(Please attach a plan detailing relevant information concerning the work area)

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Asbestos waste to be disposed to

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Name of Applicant

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Signature of Applicant

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Position

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