

### Asbestos Activity Notification Form

(Required for **any** work on ventilation system including capping, removal or disposal of ductwork, removal of GWB, ACM flooring materials, certain ceiling tiles, pipe insulation, sprayed fireproofing. **Required prior to ANY activity on level 5M and 6M.** Consult HHS Building Survey for clarification and locations of designated substances).

**Date:** \_\_\_\_\_ (Enter submit date)  
 Allow at **least 7 working days** before anticipated activity date; For major activities and any Type 3 removals, contact HHS Project Manager or HHS Project Designate. A separate form is to be submitted for each activity.

**Location:** Floor \_\_\_\_\_ Area \_\_\_\_\_  
**Contractor:** Company Name: \_\_\_\_\_ Representative: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_  
**Description of activity:** (Specify activity and indicate Type 1, 2 or 3): \_\_\_\_\_

**Proposed protection for Occupants, Workers:** \_\_\_\_\_

**Work to be performed by:** (Company, certified workers) \_\_\_\_\_

**Proposed start of activity:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Expected duration of activity:** \_\_\_\_\_ Days

**Proposed HHS inspection of Enclosures and Site prior to start of work:** Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Proposed completion of activity:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Proposed start of Air Sampling/Monitoring (Required for Type 3 work):** Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Proposed final Air Sampling:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Proposed removal of Enclosures / Hoardings:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Removal of barrier tape and warning signage completed:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Confirmed by:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

I hereby acknowledge that the proposed asbestos containing material activity will not commence without receipt of a copy of this form signed by the Project Manager of Project Designate for this project. No hoardings or enclosures will be removed prior to inspection and authorization by Project Designate.

X \_\_\_\_\_ (Contractor Representative)

**HHS Section: DO NOT WRITE BELOW THIS LINE**

**HHS Project Manager/Supervisor:** \_\_\_\_\_

**Date Submission Received:** \_\_\_\_\_

**APPROVAL TO PROCEED GRANTED / DENIED** (circle one): By \_\_\_\_\_ Date: \_\_\_\_\_

Project Manager will return to the Contractor a written copy of the completed 'Asbestos Containing Material Activity Notification Form' a minimum of two (2) days prior to the proposed activity.

**Additional Details/Comments:** \_\_\_\_\_

**Sampling Notifications (Air or Bulk Sampling):**

	Name	Date	Time	Email	Phone call	In person
Env. Consultant						
HHS Asbestos Coord.						
JHSC Worker Rep.						
JHSC Worker Rep.						
Other						