



# ASBESTOS START WORK NOTIFICATION

This form must be submitted 10 working days before on-site work begins. Submit to the Rhode Island Department of Health in person, by fax (401-222-2456), or through email to asbestos@health.ri.gov

Asbestos Abatement Plan # \_\_\_\_\_

Type of Notification (check one)  Original  Revised  Cancelled

### Owner Information

Facility Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Asbestos Contractor Information

Contractor Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ RI License # LAC - \_\_\_\_\_

Type of Operation (check one)  Demo  Ordered Demo  Renovation  Emergency Renovation

### Facility Description

Building Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Site Location \_\_\_\_\_

Building Size (square feet) \_\_\_\_\_ Number of Floors \_\_\_\_\_ Age in Years \_\_\_\_\_

Present Use \_\_\_\_\_ Prior Use \_\_\_\_\_

### Asbestos Detection Procedure / Analytic Method (check all that apply)

PCM  PLM  TEM  Other \_\_\_\_\_

### Asbestos Quantity

	RACM to be Removed	Non-Friable Asbestos Materials to be Removed	
		Category I	Category II
Pipes (linear feet)			
Surface Area (square feet)			
Facility Components (cubic feet)			

Asbestos Removal Schedule Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Non-Asbestos Renovation / Demolition

Not Applicable (skip to next section) Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Description of Planned Demolition / Renovation Work and Methods

Description of Work Practices / Engineering Controls to Prevent Emissions of Asbestos at the Demolition / Renovation Site

