States of Guernsey
Health and Safety Executive

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# ASBESTOS NOTIFICATION FORM

- When completed, please return this form to the HSE at the address above.
- This form may be photocopied for use in subsequent notifications.
- You must give at least 14 days' notice prior to starting work.

Please use block capitals

**The notification period starts when this form, accompanied by a suitable/acceptable plan of work, is received by the Health and Safety Executive**

**1 Approved Contractor (Guernsey) or Licence Holder (UK and Jersey) details**

Name | Licence number | Expiry date

Address (including postcode)

Name of person dealing with job | Telephone number | Fax Number | Mobile Telephone number

Email address

**2 Occupier or employer or contractor to whom the approved contractor or licence holder is contracted**

Name | Telephone number | Contact person | Mobile Telephone number

**3 Other licence holders**

Name | Telephone number | Contact person | Mobile Telephone number

**4 Details of job**

Site address where asbestos work is to be carried out

Exact work location / description of where on these premises work is to be carried out

Site telephone number | Actual start date of set up on site | Expected duration of work

Working hours: start and finish | Night working ☐ Yes ☐ No | Weekend working ☐ Yes ☐ No

Type of work to be undertaken (please tick relevant box)

☐ Asbestos sprayed coating ☐ Asbestos insulation (Loose Fill) ☐ Asbestos insulating board ☐ Asbestos lagging

Activity – does the work involve?

☐ Removal ☐ Removal using power tools ☐ Repair ☐ Encapsulation

Work on or in proximity to hot surfaces ☐ Other (please specify)

(These work methods should be avoided. If you have ticked any of these boxes, justification must be included in a separate note; specific reference to control measures must be included in the method statement)

Size of job | Maximum number of persons employed in the work at any one time

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**5 Details of job cont'd**

General condition of asbestos materials ☐ Good ☐ Poor

The main type of asbestos

☐ Chrysotile ☐ Crocidolite ☐ Amosite ☐ Other (please specify)

**6. Other asbestos approved contractor / licence holder's information**

Are any other asbestos licence holders involved in the work / subject? ☐ Yes ☐ No

Name

In what capacity are they involved? (eg supplying labour, ancillary / supervisory work)

Signature

Print name

Date

**7 Authorisation**

Signature of person authorised to notify work

Print Name

Date

I declare that I have drawn up an ACoP compliant plan of work

Position

**Data Protection - How we collect and use information**

The States of Guernsey Health and Safety Executive processes personal information for health and safety purposes in order to carry out functions relating to the relevant health and safety and associated legislation that it administers. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may get information about you from others for any of our purposes if the law allows us to do so. We may also share information with certain other organisations if the law allows us to. Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2001.