



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 doh.asbestos@health.ri.gov. Call (401) 222-7796 when work begins.

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

Non-Friable Asbestos Materials to be Removed

	RACM 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

Waste Transporter #1

Name _____

Street Address _____ City, State, Zip Code _____

Contact Name _____ Phone _____

Waste Transporter #2

Name _____

Street Address _____ City, State, Zip Code _____

Contact Name _____ Phone _____

Waste Disposal Site

Name _____

Street Address _____

City, State, Zip Code _____ Phone _____

Government Agency Information

In accordance with the Rhode Island Rules and Regulations for Asbestos Control [R23-24.5-ASB] Paragraph A.4.2 (c)

 Asbestos Abatement / Demo Ordered by Government Agency Not Applicable (skip to next section)

Agency Name _____

Person Issuing Order _____ Title _____

Date Order Issued _____ Final Compliance Date Required by Order _____

Emergency RenovationsIn accordance with R23-24.5-ASB Section A.4.2 Not Applicable (skip to next section)

Sudden, unexpected event took place on: Date _____ Time _____

Event Description _____

Explanation of how event caused unsafe conditions or would cause equipment damage or unreasonable financial burden _____

Unexpected Asbestos Procedures Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder _____

Certifications

As building owner/representative, I certify that an individual trained in the provisions of this regulation [Code of Federal Regulations, 40 CFR Part 61, Subpart M] will be on site during the demolition or renovation and evidence the required training has been accomplished will be available for inspection during normal business hours. **I further certify that the above information is correct.**

Print Name_____
Signature_____
RI License #_____
Date