 

**Notice of Project**

Lead & Asbestos

|  |  |  |
| --- | --- | --- |
| **General Information *(you must complete this part)*** | | |
| Name of Owner | Name of prime contractor or asbestos contractor *(if different from owner)* | Name of consulting firm *(asbestos only)*  Name of person in charge of project |
| Address *(street, city, postal code)* | Address *(street, city, postal code)* | Job title  Telephone *(please include area code)*  Name of person completing this form  Telephone *(please include area code)* |
| Employer Account Number | Employer account number | Project start date *(yyyy-mm-dd)*  Anticipated duration of project  *hours*  *days*  *month* |
| Emergency response plan developed *(must be provided upon request)* *yes*  *no* | | |
| *Project site location (indicate street address and city. if available, describe general geographical location – road, kilometre latitude/longitude, etc. – and nearest town. Attach a map if necessary.)* | | |

**only complete the section pertaining to your project**

|  |  |  |
| --- | --- | --- |
| **Asbestos or Lead Project (OH&S Regulation 34.(1))** – A pre-project meeting shall be held between the contractor,  on-site supervisor and an OH&S Safety Officer prior to any work commencing on any **asbestos** control project | | |
| Hours of Work\_\_\_\_\_ Number of workers per shift\_\_\_\_\_ Detailed written work procedures attached to this form?  yes no | | |
| **Asbestos Project Information** | | |
| Building or structure containing asbestos materials involving  Demolition  Repair/Renovation  Dismantlement | Building materials containing **friable** asbestos material involving  Removal  Enclosure  Encapsulation | Asbestos risk level  High  Moderate  Low |
| **Lead Project Information** | | |
| Lead Abatement  Significant disturbance of lead coating  Other risk of Occupational Disease (explain) | | |