

PH: 902-368-5697

FAX: 902-368-5696
EMAIL: ohs@wcb.pe.ca

ASBESTOS NOTIFICATION PERMIT

ASBESTOS ABATEMENT CONTRACTOR: _____

ADDRESS: _____ TEL: _____

_____ FAX: _____

PRIME CONTRACTOR/OWNER: _____

ADDRESS: _____ TEL: _____

_____ FAX: _____

ATTACH A FULL DESCRIPTION OF ABATEMENT AND WORK PROCEDURE TO BE CARRIED OUT

NOTICE MUST BE RECEIVED AT OCCUPATIONAL HEALTH AND SAFETY A MINIMUM OF THREE DAYS
PRIOR TO COMMENCEMENT OF WORK.

Proposed Start Date: _____

Company conducting air monitoring: _____

Names of workers carrying out the Abatement Work:
(Attach proof of training for employer and employees (photocopy of certificates).

1. _____ 2. _____

3. _____ 4. _____

Do the above workers have current medicals as outlined in your medical surveillance program? _____

**NO WORK IS TO COMMENCE UNTIL THIS FORM IS REVIEWED AND SIGNED BY AN OCCUPATIONAL
HEALTH AND SAFETY OFFICER.**

Contractor's Signature

Officer's Signature

ANY VIOLATION OF THE OCCUPATIONAL HEALTH AND SAFETY ACT AND REGULATIONS BY THE
CONTRACTOR OR HIS/HER EMPLOYEES MAY RESULT IN THE SUSPENSION OR CANCELLATION OF
HIS/HER CERTIFICATE.