

ASBESTOS NOTIFICATION PERMIT

P.O. Box 757, 14 Weymouth St, Charlottetown, PE C1A 7L7 www.wcb.pe.ca
Phone: (902) 368-5697 Email: ohs@wcb.pe.ca Fax: (902) 368-5696

Abatement Contractor Company Name:	
Address:	Phone:
	Email:
General Contractor/Owner Name:	
Worksite Address:	Phone:
	Email:

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

Proposed Start Date:	Projected End Date:	Duration of Work (# of days):
Removal Operation Type: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III		
Site Supervisor Name:	Supervisor Phone:	
Asbestos Sample Analysis completed by:		
Type of Asbestos Identified:	Estimated Quantity of Asbestos:	
Company Conducting Air Monitoring Name:	Disposal Site:	
Names of certified workers carrying out the abatement work.		
1.	4.	
2.	5.	
3.	6.	

ATTACH A FULL DESCRIPTION OF ABATEMENT AND WORK PROCEDURES TO BE CARRIED OUT. NO WORK IS TO COMMENCE UNTIL THIS FORM IS REVIEWED AND SIGNED BY AN OHS OFFICER. THIS SIGNED PERMIT MUST BE POSTED AT THE WORKSITE.

Contractor Name:	Signature:	Date:
OHS Officer Name:	Signature:	Date:

ANY VIOLATION OF THE OCCUPATIONAL HEALTH AND SAFETY ACT AND REGULATIONS BY THE CONTRACTOR OR THEIR WORKERS MAY RESULT IN THE SUSPENSION OR CANCELLATION OF THEIR CERTIFICATE.

Please provide a full description of abatement and work procedures to be carried out.

Information on this form is collected for the purpose of administering the *Occupational Health and Safety Act* and Regulations and is collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.