



**NOTIFICATION OF UNRESTRICTED ASBESTOS REMOVAL WORK**  
Occupational Safety and Health Regulations 1996  
(Required for the removal of any amount of friable asbestos)

**Post:** Director  
WorkSafe Service Industries and Specialists  
Department of Mines, Industry Regulation and Safety  
Locked Bag 100  
EAST PERTH WA 6892

**Email:** [safety@dmirs.wa.gov.au](mailto:safety@dmirs.wa.gov.au)

**Please Note: This form MUST be completed and signed by the Applicant/Nominee of the Licence that has been validated and approved by WorkSafe.**

Your notification cannot be accepted unless the below information is correct.

<b>1. Details of licence to carry out the removal work</b>	
Name of Company (Pty Ltd): Or Name of Individual:	
ACN:	ABN:
Licence number:	Expiry Date:
Date of application:	
<b>2. Details of Premises</b>	
Address:	
Location of asbestos at premises:	
Type of premises i.e. office, factory etc.:	
Occupier name (if known):	
Trading as (if known):	

3. Details of Work		
Anticipated commencement date:	Day	/ Month / Year
Anticipated completion date:	Day	/ Month / Year
Type(s) of asbestos (please cross): <input type="checkbox"/> Crocidolite <input type="checkbox"/> Amosite <input type="checkbox"/> Chrysotile <input type="checkbox"/> Other		
Asbestos removal work conducted by (Company entity):		
Name of monitoring service/laboratory:		
Final survey to be carried out by:		
Anticipated date of final survey:	Day	/ Month / Year
Will adjacent areas be occupied during asbestos removal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has Department of Fire and Emergency Services been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has an asbestos survey been conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the premises have an asbestos management plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of job supervisor:		
Anticipated number of persons to be employed in removal:		
Names of workers:		
Summary of proposed method of removal or treatment of the asbestos material:		
Detailed Asbestos Removal Control Plan Attached: <input type="checkbox"/> YES		
Safe Work Method Statement Attached: <input type="checkbox"/> YES		
Asbestos waste disposal facility:		

Applicant/Nominee

Name:	
Company/Position:	
Signature:	Date: