

HEALTH AND SAFETY AT WORK INSPECTORATE

The Control of Asbestos Regulations Application (Order) 2022

ASB5 NOTIFICATION FORM

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- Please read the notes overleaf before completing the form.
 - Please use block capitals.
 - This form may be photocopied for use in subsequent notifications.
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Name:			
Address			
Tel No:		Licence No:	

1.	Name of Site Supervisor:	
2.	About location of work being notified.	
	Site:	
	Client;	
	Contact:	
	Address:	
3.	Actual start date on site and expected duration of work (see note 2 overleaf)	
4.	Description of work to be undertaken. Please specify (see note 3 overleaf)	
5.	Size of job (see note 4 overleaf)	
6.	Maximum number of persons carrying out the work	
7.	Dust Suppression or control techniques to be used (see note 5 overleaf)	
8.	Anticipated maximum asbestos dust exposure levels f/ml	
9.	Type of RPE to be used and makers maximum recommended exposure level	

NOTES FOR GUIDANCE ON COMPLETION OF FORM ASB5

1. Give name, address, specific location, telephone number and name of occupiers, site contact.
2. If the date has not been agreed at the time of notifying, the Health and Safety at Work Inspectorate should be advised as soon as possible, before work is due to commence.
3. Type of application eg:
Sections on pipes, sprayed coatings on beams etc.
Type of asbestos to be removed. Any special problems, eg: Restricted working space, hot plant etc.
4. Estimated number of bags of waste.
5. If wet dust suppression methods cannot be used, please give reasons and specify dust control techniques which are to be used.
6. When completed, please return this form to the:-

The Health and Safety at Work Inspectorate

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St Johns

Isle of Man

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