

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES
RELATED TO SUPERSTORM SANDY**

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: ____ / ____ / ____

Initial Amended Cancellation Emergency (must include justification)

Type of Work: Demolition

II. BUILDING INFORMATION

Name of Building Owner/Operator: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name of Contact: _____ Telephone No.: _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: _____

Describe Facility Use: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County Name: _____ County Code (State Use Only): _____

Scheduled Start Date: ____ / ____ / ____ Scheduled Completion Date: ____ / ____ / ____

Occupancy Status During Activity (check only one):

Facility Closed/Vacated During Entire Activity

Activity Performed Outside Normal Facility Hours—Describe: _____

Other—Describe: _____

Scope of Work (check all that apply):

Floor Tile Square Footage: _____ Percentage Asbestos: _____ %

Mastic Square Footage: _____ Percentage Asbestos: _____ %

Transite Square Footage: _____ Percentage Asbestos: _____ %

Roofing Square Footage: _____ Percentage Asbestos: _____ %

Siding Square Footage: _____ Percentage Asbestos: _____ %

Other: _____ Square Footage: _____ Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION

Company Name: _____ Telephone No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

New Jersey Asbestos License Number (if applicable): _____

Monitoring Firm (if applicable): _____ Telephone No.: _____

V. SIGNATURE

Completed By
(type or print legibly): _____ Title: _____

Signature: _____ Date: _____