WSCC Workers' Safety & Compensation Commission | ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᐊᑕᐅᓯᖅ ᐊᒻᒪ ᓇᓗᓇᐃᔭᖅ ᖃᐅᔨᓴᓂᖅ

Asbestos Project Notification Form

THE WSCC REQUIRES **FIVE BUSINESS DAYS,** FOLLOWING RECEIPT OF ALL SUPPORTING DOCUMENTATION, TO REVIEW ASBESTOS PROJECT SUBMISSIONS

SUBMIT THIS FORM INCLUDING ALL SUPPORTING DOCUMENTS TO **projectnotifications@wscc.nt.ca** OR **projectnotifications@wscc.nu.ca** OR FAX **1 866 277-3677**, CLEARLY INDICATING **ASBESTOS PROJECT NOTICE** IN THE SUBJECT LINE

Supporting documents:

- ☐ Work procedures
- ☐ Air monitoring and analysis
- ☐ Waste disposal method
- ☐ Worker training certificates
- ☐ Analytical results or survey documents
- ☐ Emergency procedures

THE NORTHWEST TERRITORIES AND NUNAVUT **ASBESTOS ABATEMENT CODE OF PRACTICE** DETAILS THE REQUIREMENTS FOR

Worksite address:			Date of submission (dd/mm/yyyy):
Building owner:		Phone number:	Email:
Prime contractor:		Mailing address:	
WSCC employer number:	Contact person:	Phone number:	Email:
Asbestos abatement subcontractor(s):		Mailing address:	
WSCC employer number:	Contact person:	Phone number:	Email:

Description of work activities:

Exact location of work area(s):		Number of workers: ☐1-9 ☐ 10-19 ☐ 20+
Site supervisor:	Phone number:	Email:
Abatement risk level: ☐Low ☐Moderate ☐High	Start date (dd/mm/yyyy):	End date (dd/mm/yyyy):
Building material(s) confirmed to contain asbestos (include quantity and location): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Asbestos type and percent (%): 1. ☐Chrysotile ☐Crocidolite ☐Amosite ☐Other _____% 2. ☐Chrysotile ☐Crocidolite ☐Amosite ☐Other _____% 3. ☐Chrysotile ☐Crocidolite ☐Amosite ☐Other _____% 4. ☐Chrysotile ☐Crocidolite ☐Amosite ☐Other _____% 5. ☐Chrysotile ☐Crocidolite ☐Amosite ☐Other _____%	

OFFICE USE ONLY

Date notice received (dd/mm/yyyy):	Received by: ☐ Email ☐ Fax	APN number:
Receipt notice sent (dd/mm/yyyy):	Date APN accepted (dd/mm/yyyy):	Processing Safety Officer: