New Jersey Department of Health Consumer, Environmental and Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369

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NOTIFICATION OF NON-FRIABLE VINYL ASBESTOS TILE WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type of print legibly. I. NOTIFICATION INFORMATION										
Date of Notification:			Тур	e of Work:	Demolition	Renovation				
☐ Initial	□Amended	☐Cancellat	ion	mergency (mu	ust include justification)					
This is an Adobe® Acrobat® Interactive PDF form with dynamic functionality and will perform as intended in Adobe® Reader® 6.0 and higher. Interactive elements may not function in non-Adobe PDF applications. If you are seeing this message, you must download this document and open using Adobe® Reader® 6.0 and higher. Instructions on how to download pdf files can be found here: http://www.nj.gov/health/forms/oas-f2.pdf										
contractor's DOH approval to perform exempted VAT work. You may use additional sheets if necessary:										
Build	ding/Area	Floor	Room Number	Date(s)	work will be Performed	Work Hours (i.e. 8a-4p)				

III. FACILITY INFORMATION (CONTINUED)									
Building/Area	Floor	Room	Date(s) work will be Performed	Work Hours (i.e. 8a-4p)					
		Number							
Occupancy Status During Activity	l (check only	v one):							
☐ Facility Closed/Vacated During									
			be:						
☐ Activity Performed Outside NormalFacility Hours—Describe: ☐ Other—Describe:									
Type and Amounts of Material (con									
☐ Floor Tile Square Footage:			•	os:					
			Percentage Asbesto						
IV. CONTRACTOR INFORMATION									
Company Name:			Telephone No.:						
Street Address:City:			State:	Zip:					
New Jersey Asbestos Abatement License Number (if applicable):									
Monitoring Firm (if applicable):Telephone No.:									
V. SIGNATURE									
Completed By (type or print legibly): Title:									
Cignotura	re: Date:								
Signature:			Date:						