

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

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

I. NOTIFICATION INFORMATION	
Date of Notification: _____ / _____ / _____	
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)	
Type of Work: <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation	
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):	
<input type="checkbox"/> Facility Closed/Vacated During Entire Activity	
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____	
<input type="checkbox"/> Other—Describe: _____	
Scope of Work (check all that apply):	
<input type="checkbox"/> Floor Tile Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Mastic 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: _____