

## Asbestos Removal Start Work Notification (AR1)

NAME OF LICENCE HOLDER: ..... REG. NO. ....  
TRADING NAME: ..... ABN: .....  
ADDRESS: .....  
TELEPHONE: ..... FAX NO: .....  
ADDRESS OF WORK SITE: .....  
OWNER OF WORKSITE: .....CONTACT NO.....  
OCCUPIER OF WORK SITE (Company/Persons Name): .....  
START DATE: ..... COMPLETION DATE: .....  
TYPE OF WORK:      Removal  Control  Decontamination   
TYPE OF ASBESTOS: As per the attached removal control plan  
REPLACEMENT MATERIAL (Type/Product Name): .....  
.....  
PERSON SUPERVISING WORK: .....  
CONTACT DETAILS: .....  
VISUAL CLEARANCE INSPECTIONS BY: .....  
CONTACT DETAILS: .....  
AIR MONITORING CONDUCTED BY: .....  
CONTACT DETAILS: .....  
  
LICENCE HOLDER'S SIGNATURE: ..... DATE: .....

Forward this notification to Workplace Standards Tasmania with a copy of the Removal Control Plan and any written risk assessment for the job at least 5 working days prior to intended removal date. In cases of emergency removal, control or decontamination work the 5 working day requirement will be waived however all paperwork must be submitted prior to commencing work.

Workplace Standards Tasmania  
PO Box 56 ROSNY PARK TAS 7018

Phone: 1300 366 322 (Inside Tasmania)  
03 6233 7657 (Outside Tasmania) Fax: 03 6233 8338  
Email: wstinfo@justice.tas.gov.au Web: www.wst.tas.gov.au