



**Asbestos Notification of Demolition & Renovation
(Ref. HAR Chapter 11-501)**



**SEND TO: STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
591 ALA MOANA BOULEVARD, 1ST FLOOR
HONOLULU, HAWAII 96813
Phone (808) 586-5800 Fax (808) 586-5811**

I. Type of notification: O=original R=revised C=cancelled		
II. Type of operation: D=Demolition R=Renovation OD=Ordered Demolition ER=Emergency Renovation		
III. Facility information		
Owner name:		
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
Removal contractor:		License #:
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
Other operator:		
Address:		
City:	State:	Zip code:
Contact person:		Telephone #:
IV. Is asbestos present (y/n):		
Inspector's name:	Certification #:	State of certification:
V. Facility description (Include building number, floor and room number)		
Building name:		
Address:		
City:	State:	Zip code:
Site location:		
Building size (sq. ft.):	# Floors:	Age:
Present use:	Prior use:	
Official Use Only		
Postmark Date:	Received by:	State Record Number:

VI. Procedure used to detect the presence of asbestos			
Laboratory name:		Analytical method	
VII. Specify the nature of the asbestos material (TSI, surfacing, VAT, miscellaneous):			
Amount of asbestos, including: 1. RACM to be removed 2. CAT I left in place, and 3. CAT II left in place	RACM to be removed	Nonfriable ACM not to be removed	
		Category I	Category II
Pipes (linear ft.)			
Surfacing (square ft.)			
Facility components (cu. ft.)			
VIII. Scheduled asbestos abatement dates			
Start (mm/dd/yy):		Finish (mm/dd/yy)	
Circle workdays and times:	weekdays:	daytime	nighttime
	weekends:	daytime	nighttime
IX. Scheduled renovation/demolition dates			
Start (mm/dd/yy):		Finish (mm/dd/yy)	
Circle workdays and times:	weekdays:	daytime	nighttime
	weekends:	daytime	nighttime
X. Description of the planned renovation/demolition work and methods to be used:			
XI. Description of the work practices and engineering controls to be used to prevent emissions of asbestos from the work-site:			
Project designer name:		Certification #:	State:
XII. Waste transporter #1			
Name:			
Address:			
City:	State:	Zipcode:	
Contact Person:		Telephone:	
Waste transporter #2			
Name:			
Address:			
City:	State:	Zipcode:	
Contact Person:		Telephone:	
XIII. Waste disposal site:			
Facility Name:		Telephone:	
Address:			
City:	State:	Zipcode:	

XIV. For demolition ordered by a government agency, please identify:	
Name:	Title:
Authority (Agency):	
Date of order (mm/dd/yy):	Date ordered to begin (mm/dd/yy):
XV. For emergency renovations:	
Date and time of emergency Date (mm/dd/yy): _____ Time: _____ (a.m./p.m.)	
Description of sudden, unexpected event and the damage caused:	
Explanation of how the event caused an unsafe condition or would cause equipment damage or an unreasonable financial burden:	
Person contacted for approval at the Indoor and Radiological Health Branch:	
Name:	Date (mm/dd/yy): _____ Time: _____ (a.m./p.m.)
XVI.	Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized or reduced to powder:
XVII.	I certify that an individual trained in the provisions of Hawaii administrative rules chapter 11-501, and certified as a contractor/supervisor, will be on-site during the entire renovation and/or demolition and evidence that the required training has been accomplished for this and all workers will be available at the work-site.
_____	_____
Signature of owner/operator	Date (mm/dd/yy):
XVIII.	I certify that the information on this notification is correct.
_____	_____
Signature of owner/operator	Date (mm/dd/yy):
XIX.	Additional Comments:
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