

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

**SEND TO: STATE DEPARTMENT OF HEALTH
INDOOR AND RADIOLOGICAL HEALTH BRANCH
99-945 HALAWA VALLEY STREET
AIEA, HAWAII 96701
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:
Location(s) on site:		
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:		Nonfriable ACM (not) to be removed		
1. RACM to be removed		RACM to be removed	Category I	
2. CAT I left in place, and				Category II
3. CAT II left in place				
Pipes (linear ft.)				
Surfacing (square ft.)				
Facility components (cu. ft.)				
Scheduled asbestos abatement dates				
Start (mm/dd/yy):		Finish (mm/dd/yy)		
Circle workdays and times:		weekdays:	daytime nighttime	
		weekends:	daytime nighttime	
Scheduled renovation/demolition dates				
Start (mm/dd/yy):		Finish (mm/dd/yy)		
Circle workdays and times:		weekdays:	daytime nighttime	
		weekends:	daytime nighttime	
Description of the planned renovation/demolition work and methods to be used:				
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:	Zip code:	
Contact Person:		Telephone:		
Waste transporter #2				
Name:				
Address:				
City:		State:	Zip code:	
Contact Person:		Telephone:		
XIII. Waste disposal site				
Facility Name:		Telephone:		
Address:				
City:		State:	Zip code:	

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 (Please call 808-586-5800 for additional instructions)

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:

