



VERMONT

DEPARTMENT OF HEALTH

ENVIRONMENTAL HEALTH UNIT

Asbestos Control Program

SMALL SCALE SHORT DURATION ACTIVITIES NOTIFICATION FORM

(Refer to Vermont Regulations for Asbestos Control Section 2.5 for complete rules)

Name of Abatement Entity: _____

Address of Abatement Entity: _____

Name and Location of building: _____

Building Owner: _____

Building Owners Address: _____

Exact Location, amount and type of asbestos containing materials involved:

Type of abatement activity to be performed: (circle one)

Removal

Repair

Encapsulate

Enclosure

Clean-up

If clean-up, reason for clean-up: _____

Starting date: _____ Completion date: _____

Name & Vermont Certification Number of Worker/Supervisor performing activity:

Was glove-bag method used?: (circle one) Yes No

Alternative work procedures requested?: (circle one) Yes No

Was there a final air clearance?: (circle one) Yes No

Name and address of final disposal site: _____

Signature of Notification Preparer: _____

Printed Name of Notification Preparer: _____ Date: _____