

Mail completed form to:
 Department of Labor and Industries
 PO Box 44614
 Olympia WA 98504-4614



Asbestos Project Notice of Intent

This notice must be received no later than 10 calendar days prior to the start date. Complete all applicable boxes — incomplete or illegible notices will not be accepted. Attach separate page(s) with additional information if needed.

Submitting this form online electronically will provide you with a confirmation email, Notice number, and ability to print the Notice to post at your job site. Get more information at www.Lni.wa.gov/Asbestos.

Notice Date	Start Date	Completion Date
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- Initial
 - Amended — circle all changes
 - On Hold — Reason: _____
 - Off Hold — Resume Date: _____ New Completion Date: _____
 - Emergency
 - Waiver — Yes No
- Who did you speak with at L&I? _____ Date: _____

Site Work Hours: Project dates and work hours must be exact.

	From		To		Additional Shifts			
		a.m./p.m.		a.m./p.m.	From	a.m./p.m.	To	a.m./p.m.
Sunday	_____	_____	_____	_____	_____	_____	_____	_____
Monday	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____	_____	_____

Contractor Information:

Company Name	Contractor Certification Number	
UBI	Phone Number	
Email Address	Additional Phone Number	
Job Site Certified Asbestos Supervisor	Supervisor Certification Number	Supervisor Phone Number
Additional Job Site Certified Asbestos Supervisor	Supervisor Certification Number	Supervisor Phone Number
Printed Name of Person Submitting Form	Signature	

Property Owner:

Name	Company	
Owner's Agent	Phone Number	
Address		
City	State	Zip Code
Email Address(es)		

Job Site:

Address			
Building Name		Room	
City	County	State	Zip Code

Facility:

Facility Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Other:		
Year of Construction	Prior Use	Size
Job Type <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Maintenance		

Asbestos Project Details:

Select one:	<input type="checkbox"/> Removed	<input type="checkbox"/> Encapsulated
Select one:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors

Quantity: square feet		
<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Popcorn ceiling/texture	<input type="checkbox"/> Cement Asbestos Board (CAB)
<input type="checkbox"/> Mastic	<input type="checkbox"/> Wall texture	<input type="checkbox"/> Sheet vinyl
<input type="checkbox"/> Boiler insulation	<input type="checkbox"/> Duct paper	<input type="checkbox"/> Vinyl Asbestos Tile (VAT)
<input type="checkbox"/> Roofing	<input type="checkbox"/> Asbestos paper	<input type="checkbox"/> Other:

Quantity: linear feet		
<input type="checkbox"/> Mag/mudded pipe insulation	<input type="checkbox"/> Air cell pipe insulation	<input type="checkbox"/> Ducting/duct insulation
<input type="checkbox"/> Cement asbestos pipe	<input type="checkbox"/> Duct tape	<input type="checkbox"/> Other:

Control Measures:

<input type="checkbox"/> Negative pressure enclosure	<input type="checkbox"/> Wrap and cut
<input type="checkbox"/> Glove bag	<input type="checkbox"/> Wet methods
<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> HEPA vacuum
<input type="checkbox"/> Critical barriers	<input type="checkbox"/> Manual methods
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Respiratory Protection:

<input type="checkbox"/> ½ Mask — Air Purifying Respirator	<input type="checkbox"/> Type C continuous flow — Supplied Air
<input type="checkbox"/> Full Mask — Air Purifying Respirator	<input type="checkbox"/> Type C pressure demand — Supplied Air
<input type="checkbox"/> Powered Air Purifying Respirator	<input type="checkbox"/> Other: