

Division of Safety and Health  
Asbestos Project Notification  
Building 12, Room 161B  
1200 Washington Avenue  
Albany, NY 12226  
(518) 457-1255

# WE ARE YOUR DOL



Department  
of Labor

## Emergency Asbestos Project Notification Request

All emergencies must be approved.

Email to [asbestoscontrolbureau@labor.ny.gov](mailto:asbestoscontrolbureau@labor.ny.gov).

**All** requested information must be answered for the emergency to be processed.

Company name \_\_\_\_\_ License no. \_\_\_\_\_

Submitted by \_\_\_\_\_ Title \_\_\_\_\_

Phone no. \_\_\_\_\_

Start date \_\_\_\_\_ Completion date \_\_\_\_\_

Project Location: County \_\_\_\_\_ Bldg. name/use \_\_\_\_\_

Room/Location/Use \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Site contact name \_\_\_\_\_ Note: **Must be someone other than an employee of the asbestos contracting company.**

Title \_\_\_\_\_ Phone no. \_\_\_\_\_

Was project previously notified? Yes  No

If yes, please provide: Start date of project \_\_\_\_\_ Reference no. \_\_\_\_\_

Explain why this is an emergency. 1) What was the unexpected or unforeseen event? 2) What is the hazard?

Is this a demolition? Yes  No  If yes, include Letter of Condemnation as an attachment to your emergency request. Letter of Condemnation must be received prior to approval and start.

Do you have a variance? Yes  No  Pending  Variance no. \_\_\_\_\_

Materials (Type & Amount): How much ACM is being removed? Comments:

	Linear Feet/Type	Square Feet/Type
Friable		
Non-Friable		

I will complete this notification On-Line  or on paper  (check one).

**Approval of your submission will be sent via email to the account which submitted this request. You will be called if more information is needed or if this cannot be approved as an emergency and must be submitted as a 10-day notification.**