



e-form

# Asbestos Notification Form



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**Complete form has to be at OHSA, Chemical Section (email: [chemicalagents.ohsa@gov.mt](mailto:chemicalagents.ohsa@gov.mt)) prior to the commencement of any work related to Asbestos or of material containing Asbestos subject to Regl. 3(2) of LN 323/2006**

**For OHSA use ONLY**

File Number

## Details of Client

Name and Surname  
*(that requested Asbestos work to be carried out)*

ID Card Number

Full Address

Telephone

Mobile

Fax Number

Email

Company Name

MFSA Company Registration Number

Address of Site  
*(where Asbestos work will be carried out)*

## Details of Company / Person responsible for Asbestos work engaged by Client (details in page 1)

Company Name or  
Name of responsible Person

Company MFSA Reg. Number or  
ID Card Number of responsible Person

Full Address

Telephone

Mobile

Fax Number

Email

Please indicate if any Asbestos work was subcontracted to third parties

If above reply is "**YES**", please insert details in Point **a)** and **b)** respectively otherwise insert "N/A"

a) Company Name or  
Name of responsible Person

b) Company MFSA Reg. Number or  
ID Card Number of responsible Person

Name and ID Card Number of Person  
supervising the Activity

Commencement Date of Work

Please confirm that workers are **fully informed and trained** in a manner that is  
suitable and sufficient to satisfy the obligations of LN 323/2006

Expected duration of Works (*in full days*)

Maximum number of persons employed in  
the work at any one time

PA Asbestos Disposal Permit Number  
(*attach copy of PA Authorisation*)

### Job Details

Exact Address / Location (or Department)  
from where Asbestos work will be carried  
out

## Types and Quantities of Asbestos

Chrysotile (white)

Estimated quantities (cubic m)

Amosite (brown or grey)

Estimated quantities (cubic m)

Crocidolite (blue)

Estimated quantities (cubic m)

Other (*specify*)

Type

Estimated quantities (cubic m)

Other (*specify*)

Type

Estimated quantities (cubic m)

Other (*specify*)

Type

Estimated quantities (cubic m)

## Activities and Processes involved

### Type of Work undertaken

Asbestos Insulation

Asbestos Insulation Board

Asbestos Coating

Textured Coating

Other (*specify*)

### Activity of Work involved

*These work methods should be avoided.*

*If any of the below are ticked, justification must be included in a separate note.*

*Specific reference to control measures must be included in the **Plan of Work** (next page)*

Dry Stripping

Use of Power Tools

Work on or in Proximity to Hot Surfaces

Other (*specify*)

**Please attach a copy of the Plan of Work (as per Section 11 of LN 323/2006)**

Document Reference Number

**Please attach a copy of the Assessment of Risk (as per Section 3 of LN 323/2006)**

Document Reference Number

**Applicant's Declaration**

I, \_\_\_\_\_ ID Card Number \_\_\_\_\_

hereby certify that the information shown within this Notification Form is correct to the best of my knowledge as given today

Date

Signature

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*The Data Protection Act XXVI, 2001 requires that the Occupational Health and Safety Authority (OHSA) informs you that this form may include information about you (this is called 'personal data' in the Act) and that we are a 'data controller' for the purposes of this Act. OHSA will process the data for health and safety purposes. OHSA may disclose the data to any person or organisation for the purposes for which it was collected or where the Act allows disclosure. As data subject, you have the right to ask for a copy of the data and to ask for any inaccurate data to be corrected.*