

Division of Safety and Health
Asbestos Project Notification
1220 Washington Ave.
Building 12, Room 161B
Albany, NY 12226
(518) 457-1255



Emergency Asbestos Project Notification Request

All emergencies must be approved.

Email to 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.