



Temporary Worksite Notification for Asbestos-Related Work

Company/Employer Name: _____

Headquarters Address: _____

Contractors State License Board License Number: _____

DOSH-ACRU (Cal/OSHA) Asbestos Registration Number: _____

And/or "Report of Use" Registry number: _____

Address of Temporary Worksite and Precise Location: _____

Nearest intersection: _____

Type of Business: _____

*Name of Certified Supervisor: _____

*Name of Qualified person in charge of air
monitoring,
laboratory work, and respirators: _____

*Name of Certified of Consultant: _____

Projected job starting date: _____ projected completion date: _____

Describe type, scope and work practices of job: _____

Evaluation of potential for exposure: _____

Estimated number of employees on this job: _____

Prior to the start of each job or phase of asbestos-related work requiring the employer or contractor to be registered, Section 341.9 of the California Code of Regulations (8 CCR 341.9) requires notifications to the nearest DOSH District Office. Do not send this notification to DOSH Headquarters or to DOSH Consultation. This will not satisfy the notification requirement and could result in citation.

Note: Any change in the information provided to the district office by the written notice shall be reported to the district office within 24 hours of such change.