



Department of Labor

Division of Safety and Health
Asbestos Project Notification
Building 12, Room 161B
State Office Campus
Albany, NY 12240

Emergency Asbestos Project Notification Request

All emergencies must be approved.

Fax completed form to 518-485-8530 or Email to asbestosnotification@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 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, please fax condemnation letter and survey to 518-485-8530. 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).

Check on-line after a few business hours of submission of this form to complete. You will be called if this cannot be approved as an emergency and must be submitted as a 10 day notification.