



# Asbestos CN Working plan Format

*Fill out the form completely and send along the required documentation.*

Before you start removing asbestos, you should prepare and submit a working plan to the Labour Inspection CN. You should do this at least two weeks prior to commencement of the work. The working plan is available on site and contains information regarding location, activities and measures, like changes in circumstances. The working plan describes the asbestos removal work, methods and expertise.

You may submit the completed form via e-mail: [Arbeidsinspectie@RijksdienstCN.com](mailto:Arbeidsinspectie@RijksdienstCN.com).

If you are unable to do so, you may send the form by post to the following address:

RCN Unit SZW

Attn: Labour Inspection

Centrumgebied z/n

Kralendijk

## 1. General details of contractor / company

### COMPANY DETAILS

Company name: \_\_\_\_\_

Street + number: \_\_\_\_\_

City: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### DETAILS PERSON OF CONTACT

Name person of contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Job title person of contact: \_\_\_\_\_

## 2. Expertise

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What actions have been taken to ensure that employees have adequate expertise to perform the work in safely and healthily?

- Instructional video
- Training was taken on \_\_\_\_\_
- Others, namely \_\_\_\_\_

## 3. Details source of asbestos

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Owner source of asbestos:

Street + number:

City:

Telephone number:

Nature/type of source\*:

- Roof
- Support structure / pillar
- Dumped material
- Fencing
- Gaskets
- Other, namely \_\_\_\_\_

*\* Please note: add picture of source of asbestos.*

Size of source of asbestos\*:

*\* Please note: size of roof / corrugated sheets in m<sup>2</sup>, other sources in m<sup>3</sup>.*

## 4. Asbestos removal work

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Starting date of work:

*dd / mm / yyyy*

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Starting time of work:

*hh : hh*

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Ending date of work:

*dd / mm / yyyy*

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Ending time of work:

*hh : hh*

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Brief description of work\*:

*\* For example: deposition of the work area, the nature of the work and the order of execution of the work.*

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What machines and tools will be used? (Multiple answers possible)

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How will the asbestos and/or the asbestos products be disposed of?

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How will the area be cleaned and inspected afterwards?

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Has the waste management company<sup>1</sup> been notified of the asbestos storage?

- Yes\*  
 No

*\* Please note: add assignment signed with waste management company.*

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Number of employees who will carry out the work:

\_\_\_\_\_

*\* Please note: also complete the appendix on page 5 where you list the name (or names) of the employees.*

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<sup>1</sup> Selibon is the waste management company on Bonaire and on St. Eustatius this is EJL Services B.V.

## 5. (Personal) protection measures and equipment

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What personal protective measures will be used? (Multiple answers possible)

- Disposable overall with hood
  - Gloves
  - Booths
  - Half-face mask
  - Full-face mask
  - Tape to seal gloves and booths
  - Other, namely \_\_\_\_\_
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## 6. Signature

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Your name:

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Your signature:

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Date:

*dd / mm / yyyy*

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*APPENDIX: name(s) of employees who will carry out the removal work.*

Name employee 1:

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Name employee 2:

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Name employee 3:

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Name employee 4:

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Name employee 5:

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Name employee 6:

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