



MODIFICATION FORM

Asbestos CN Working plan Format

Fill out the changed fields only, sign the form and send along any required documentation.

Before you started removing asbestos, you should have prepared and submitted a working plan to the Labour Inspection CN. Have you done this but has anything changed since the working plan was submitted with the Labour Inspection CN. **Then only complete the field(s) for which a change is applicable.**

Mandatory field: 6. Signature. Don't forget to complete this section.

You may submit the completed form via e-mail: 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

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

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 m², other sources in m³.*

4. Asbestos removal work

Starting date of work:

dd / mm / yyyy

Starting time of work:

hh : hh

Ending date of work:

dd / mm / yyyy

Ending time of work:

hh : hh

Brief description of work*:

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

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

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

How will the area be cleaned and inspected afterwards?

Has the waste management company¹ been notified of the asbestos storage?

- Yes*
 No

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

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.*

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

5. (Personal) protection measures and equipment

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 _____
-

6. Signature

Your name:

Your signature:

Date:

dd / mm / yyyy

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

Name employee 1:

Name employee 2:

Name employee 3:

Name employee 4:

Name employee 5:

Name employee 6:
