

**NOTICE OF PROJECT:**  
**Construction, Asbestos, Lead**

Notice of project number  
**Sequential number assigned**

Please print or type all information in BLOCK CAPITALS and press hard — you are making three copies.

General information. You must complete this part.			
Name of owner	Name of prime contractor or asbestos contractor <i>(if different from owner)</i>	Name of consulting firm <i>(asbestos only)</i>	
Address <i>(street, city, postal code)</i>	Address <i>(street, city, postal code)</i>	Name of person in charge of project	
Employer account number	Employer account number	Job title	
Has the prime contractor agreed in writing with the owner to be the prime contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone	
Project site location <i>(Indicate street address and city. If unavailable, describe general geographic location — road, kilometre, latitude/longitude, etc. — and nearest town. Attach a map if necessary.)</i>		Project start date <i>(yyyy/mm/dd)</i>	Anticipated duration of project <i>Hours or Days or Months</i>
		Name of person completing this form	
		Telephone	

**Only complete the section pertaining to your project.**

Construction project (OH&S Regulation 20.2) — At least 24 hours' notice required				
<b>General construction</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Residential ___ Single family ___ Multi-family wood ___ Multi-family concrete Number of floors _____ Total square feet _____ <input type="checkbox"/> Industrial <i>(explain)</i>  <input type="checkbox"/> Recreational <i>(explain)</i>	<b>Site preparation</b> <input type="checkbox"/> Pile Driving <input type="checkbox"/> Remediation <input type="checkbox"/> Ground Preparation	<b>Road construction</b> Length _____ km <input type="checkbox"/> New <input type="checkbox"/> Resurfacing <input type="checkbox"/> Alignment	<input type="checkbox"/> Project cost > \$100,000 <input type="checkbox"/> Designed by a professional engineer <input type="checkbox"/> Work in a compressed air atmosphere or caisson, tunnel, underground working, or cofferdam Ground support drawings available? _____ <input type="checkbox"/> Work in an excavation > 1.2 m in depth <input type="checkbox"/> Work in a trench > 1.2 m in depth and > 30m in length  <b>Construction, demolition, or alteration involving:</b> <input type="checkbox"/> Building > 2 storeys or > 6 m in height <input type="checkbox"/> Bridge <input type="checkbox"/> Earth or water retaining structure > 3 m in height <input type="checkbox"/> Silo or chimney > 6 m in height	
	<b>Service construction</b> <input type="checkbox"/> New <input type="checkbox"/> Repair ___ Sewer line ___ Water line ___ Gas line ___ Power line	<b>Heavy construction</b> <input type="checkbox"/> Bridge Length _____ m Height _____ m <input type="checkbox"/> Pier, wharf, or dry-dock <input type="checkbox"/> Dam, dyke, or reservoir		
	<b>Other (explain)</b>  			
<b>Estimated project cost \$</b> <i>(Must enter estimated cost <b>only</b> on copies of the form submitted to WorkSafeBC.)</i>		Person responsible for co-ordinating health and safety activities		

**Asbestos or lead project (OH&S Regulation 20.2 (1)(c)) — At least 24 hours' notice required**

Hours of work	Number of workers per shift	Detailed written work procedures attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Asbestos project information</b> Building or structure containing asbestos materials involving: <input type="checkbox"/> Demolition <input type="checkbox"/> Repair/Renovation <input type="checkbox"/> Dismantlement	Building materials containing friable asbestos material involving: <input type="checkbox"/> Removal <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation	<b>Asbestos risk level:</b> <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	
		<b>Lead project information</b> <input type="checkbox"/> Lead abatement <input type="checkbox"/> Significant disturbance of lead coating <input type="checkbox"/> Other risk of occupational disease <i>(explain)</i>	

**Instructions (To report forestry, aircraft operations, diving, or underground workings projects, please see Notice of Project form 52E48.)**

- For construction, asbestos, and lead projects, please post the white copy of this completed form at the project site.
- Please fax or mail the remaining copies of this completed form to:  
WorkSafeBC (WCB), PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5  
Telephone 604 276-3100 in the Lower Mainland, or 1 888 621-7233 toll-free in B.C., Fax 604 276-3247

**FOR WORKSAFEBC USE ONLY**

Officer and number	Region	Area	Date received <i>(yyyy/mm/dd)</i>
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