



[Company]  
[Address 1]  
[Address 2]

[Date]

**Attention:** [Name/Title]

**Subject: Notification of the Presence of Designated Substances and/or Asbestos-containing Materials**

The City of Brantford is committed to ensuring a safe environment for its employees, contracted service providers and the general public. In accordance with the *Occupational Health & Safety Act* and *Ontario Regulation 278/05 Designated Substance – Asbestos on Construction Projects and in Buildings and Repair Operations*, the City of Brantford is notifying those who may perform work with, or in close proximity to asbestos-containing materials (ACMs) at City facilities. Part of this requirement is to ensure only individuals who have been provided with the appropriate training will be permitted to disturb, repair or remove ACMs. The following activities are examples that may result in the disturbance of asbestos-containing materials:

- Removal or repair of asbestos-containing mechanical insulation or sprayed-on fireproofing
- Ceiling entry which may disturb intact or fallen pipe insulation or sprayed-on fireproofing
- Any other operation which may generate airborne asbestos fibres from friable asbestos
- Any removal cutting or other disturbance of non-friable asbestos-containing material

More specifically, your work will involve:

[If appropriate, give brief specifics of the possible work involvement of asbestos-containing materials in the performance of the proposed work.]

**Responsible Dept:** \_\_\_\_\_ **Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTRACTOR ACKNOWLEDGEMENT**

[Contractor company name] (the “Contractor”) has received notification of work that may involve the disturbance of asbestos-containing materials. The Contractor will follow the general instructions and job specifications as required by the City of Brantford’s Asbestos Management Program. Unless within the scope of the proposed work, the Contractor agrees that its workers will not disturb or remove asbestos-containing materials without prior notification to the Responsible Department.

**Contractor Company Name:** \_\_\_\_\_

**Contractor Representative:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_