

Plumbers Union Standard Asbestos Exposure Letter

This letter applies to exposure/possible exposure to asbestos materials in the workplace. A copy of the signed letter should be provided to your union.

To Whom It May Concern:

NAME (of worker): _____
UNION: _____
EMPLOYER: _____
ADDRESS OF EMPLOYER: _____

Employer Workcover Insurer: _____

Workplace location: (please write "As above" if the same address as employer)

Duration of employment: _____

Nature of asbestos material: (*use, application*)

Analysis

Name of company or suitably qualified person conducting the test	Type of asbestos	Date of Analysis
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circumstances of exposure/possible exposure (**strike out those not applicable**)

1. **In situ** asbestos materials in the workplace
2. Asbestos materials occurring **during removal operations**
3. Asbestos materials **handled as part of the job (eg asbestos removal workers)**

Duration of presence in situ (*if known*): _____

It is acknowledged that the above named worker was exposed or may have been exposed to airborne asbestos fibres in the course of his/her employment.

Signed on behalf of the employer: _____

Name of the employer representative (*Block letters*): _____

Title of the employer representative: _____

Date of signing: _____