Major Asbestos Spill Notification



Owner/Operator

In the event of a major asbestos spill, Colorado Regulation No. 8, Part B, requires that notification be made in accordance with Section III.T.1. Regulation No. 8, Part B, defines a "major asbestos spill" as a disturbance of friable asbestos-containing materials (ACM) greater than the trigger levels. For single family residential dwellings, these trigger levels are as follows: 32 square feet, 50 linear feet, or the volume equivalent of a 55 gallon drum. For public and commercial facilities, the trigger levels are: 160 square feet, 260 linear feet, or the volume equivalent of a 55 gallon drum.

If disturbed materials are known or will be assumed to be ACM, the facility owner, operator or contractor who discovered or created the disturbance must comply with Section III.T.1.a. and immediately submit this form to the Division by email at cdphe.asbestos@state.co.us and to the facility owner or operator.

If the asbestos content of the disturbed material(s) was unknown, the asbestos building inspector who identifies the major asbestos spill must comply with Section III.T.1.b., immediately notify the facility building owner, operator or contractor, and within 24 hours, submit this form to the Division by email at cdphe.asbestos@state.co.us and to the facility owner/operator.

1.	Complete name and address of facility:	
2.	Facility Contact Name and Title/Position: Contact Phone: Contact Email:	
3.	Location(s) of identified disturbed materials at facility: \Box Interior \Box Exterior \Box Both Specify Location(s):	
4.	For owners/operators or contractors - Date spill: Occurred (if known): Discovered:	
5.	For Asbestos Building Inspectors - Date: Samples Collected: Samples Analyzed:	
6.	Please briefly explain how the spill occurred (fire, water loss, renovation work, etc.), if known:	
7.	Please select one of the options below:	
	\Box Testing has not occurred because the disturbed materials are known or assumed to be ACM. \Box A certified Asbestos Building Inspector has confirmed that a major spill exists at this location pursuant to Section III.A.4.	
	Asbestos Consulting Firm Name (ACF) (if applicable):	
	Building Inspector Name:	
	ACF Phone: ACF Email:	
8.	Please indicate the Person/Entity submitting this form:	

Form: MASN21 Rev. 3/17/2021

Certified Asbestos Building Inspector

Contractor

Name and Title/Position:	
Phone number:	Email Address:
For additional guidance or clarification, cdphe.asbestos@state.co.us .	, please contact the Permit Coordinator at 303-692-3100 or