## SAMPLE NOTIFICATION LETTER

## **COUNTY OF LOS ANGELES**

(Insert Department Name)

SUBJECT: ASBESTOS NOTIFICATION FOR (Insert Name/Building/Facility)

Data	
Date	

To: All (Insert Name/Building/Facility) Employees

In Compliance with California Health and Safety Code 25915 et. seq., you are hereby notified that, based on the Asbestos Assessment Survey Report conducted by (Insert name of firm that conducted the survey), the (insert the name of the building/facility), contains asbestos containing material (ACM) in certain areas.

ACM poses no threat to your health unless asbestos fibers become airborne due to material aging, deterioration or damage. While extensive media attention has been given to asbestos, statistical data indicates that the annual incidence of asbestos related illness is relatively low. Given the widespread use of asbestos prior to 1979, the low incidence of asbestos related illness indicates that health risks are minimal.

The ACM is located in the following specific locations:

LOCATIONS	MATERIALS	TYPE
location of each place that	(List the material which contains the asbestos. For example: 24" x 24" ceiling tiles.)	present. For example:

All areas of immediate concern have been mitigated.

## SAMPLE NOTIFICATION LETTER (Cont.)

person authorized to provide the

notice.)

Employees should follow proper work procedures to minimize the release of and exposure to ACM. Do not damage, drill holes, or attach objects to walls, floor tiles, fire rated doors or ceilings which contain asbestos. Do not disturb ACM when replacing light bulbs. Only persons authorized and properly trained should perform any work which may disturb ACM. In the event you encounter material which you believe may contain asbestos, do not disturb it in any way; immediately report the situation to your supervisor.

The Asbestos Assessment Survey Report, conducted by (insert name of firm conducting survey) is available for review during normal business hours at Room #
<del></del>
Every employee has the right to review the results of any asbestos bulk sampling or air monitoring survey or analysis conducted in this building and any specific handling instructions to minimize exposure to asbestos.
If you have any questions, contact your supervisor or (insert name of designated point of contact), Departmental Asbestos Coordinator, at (insert location & phone number).
Thank you for your attention to this matter.
(Signature, name and title of the