



## Notification Form: Compliance with Maintenance Requirement for Plant other than Tower Cranes (Reg 4.47)

A separate form is required for each notification of compliance with maintenance requirement for plant other than tower cranes. Multiple maintenance notifications (more than 10) can be made by using another form. To obtain copies of this form or for further information please contact Comcare on ph: 1300 366 979 or email: [ohs.plant@comcare.gov.au](mailto:ohs.plant@comcare.gov.au)

**See also separate instructions for completing this form.**

1. Current licence number .....	Applicant number ..... (Comcare use only)
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<b>2. Organisation and applicant details</b>	
<b>Organisation's details:</b>	<b>Applicant's details:</b>
Principal Officer / CEO title .....	Name .....
Name of organisation.....	Position title .....
Postal address .....	Postal address .....
State ..... Post code.....	State ..... Postcode.....
	Phone number.....
	Mobile number.....
	Fax number.....
	Email .....

<b>3. Plant item identification</b>
Model number .....
Serial number .....
Any owner identification details .....
Has the plant's design been altered since registration? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>4. Plant location</b> (Tick the appropriate box below and provide location details.)
Is this item of plant normally fixed or mobile?
<input type="checkbox"/> Fixed – What is the address of this item of plant?
<input type="checkbox"/> Mobile – Provide the address of its depot (or the place where it may be found).
Building/site name .....
Street address .....
Suburb/town .....
State..... Post code.....

**5. Employer’s notification of compliance with maintenance requirement for plant other than tower cranes**

Regulation 4.15(2)(h) requires an employer to take all reasonably practicable steps to ensure that inspections, maintenance and cleaning are carried out having regard to procedures recommended for the item of plant by its designer or manufacturer, or developed for the item of plant by a Competent Person. Regulation 4.47(2) requires an employer to give the Commission a notice to the effect that the above has been carried out. .

**Note:** A competent person, in relation to specific tasks, means a person who has, through a combination of training, education and experience, acquired knowledge and skills that enable the person to perform that task correctly.

Please answer the following questions:

1. For the past 12 months that the employer has been licensed to operate the item of plant, has the employer carried out the inspections, checks, tests, maintenance and cleaning required under paragraph 4.15(2)(h) of the Regulations for this item of plant?

Yes  No

2. Has this item of plant been maintained in a safe condition and is safe to operate?

Yes  No

**Note:** If you answer “No” to either of the above, you will be unable to proceed with this application.

**6. Applicant’s statement**

I declare that the details provided on this form are true and correct to the best of my knowledge and belief. I am empowered by valid and express power, delegation in writing or authorisation in writing, to act as, for or on behalf of, the Principal Officer / Chief Executive Officer. I declare that I will ensure compliance, on behalf of the Principal Officer / Chief Executive Officer, to the requirements for plant under the *Occupational Health and Safety (Safety Standards) Regulations 1994*.

Name..... Position title.....  
(Please print in BLOCK LETTERS)

Signature..... Date.....

Send completed form to: Plant Contact Officer  
Comcare  
GPO Box 9905  
Canberra ACT 2601  
Fax: (02) 6274 8866