



Australian Government

Comcare

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TRIM

(Comcare use only)

Applicant number

(If previously notified)

FORM WHS—PIR003

APPLICATION FOR DESIGN REGISTRATION (OR VARIATION OF DESIGN) OF AN ITEM OF PLANT

Please note the following information before starting your application

Applications should be made to Comcare by the designer of the plant or a person with management or control of the item of plant if the designer or the person is the Commonwealth, a public authority or a non-Commonwealth licensee. Applicants not falling within these categories should approach their relevant state or territory regulatory/licensing authority regarding plant design registration matters.

- > All applicants should read the *Guide For Applicants—Plant Design Registration* prior to completing this application.
- > The guidance material is available on the Comcare website under Safety & Prevention>Health & safety topics>Plant.
- > Comcare's ABN is 41 640 788 304.
- > For more information call 1300 366 979 or email WHS.plant@comcare.gov.au.

PRIVACY AND PERSONAL INFORMATION

Personal information collected by Comcare in connection with this application will be used for the purpose of administering the *Work Health and Safety Regulations 2011* (Cth). The information may also be used for the administration and enforcement of other legislation administered by Comcare including the *Work Health and Safety Act 2011* (Cth); the *Safety, Rehabilitation and Compensation Act 1988* and associated regulations and the administration and evaluation of Comcare's programs generally.

Comcare may disclose personal information to the following bodies and agencies, including but not limited to its legal advisors; the Safety, Rehabilitation and Compensation Commission; contractors and agents; a court or tribunal; state or territory work health and safety regulatory agencies; Commonwealth, state or territory industry regulators; enforcement agencies; state and territory Coroners; and to any other entity where there is an obligation under law to do so.

1. APPLICATION TYPE

Designer Manufacturer New Design Alteration of Design Supplier Importer

Other (Please specify)

Existing DRN (if alteration)

Issuing Authority

Application type completed?
Y N

2. DETAILS OF APPLICANT (PCBU)

Name (e.g. Commonwealth agency/
organisation)

ACN (if applicable)

Address

Suburb/town

Name of contact person for applicant

Postal address

Suburb/town

Contact person's designation/title

Phone number

Fax number

Email

Details of applicant (PCBU) completed?
Y N

3. TYPE OF PLANT (select one)

- Pressure equipment, other than pressure piping and categorised as hazard level A, B, C or D according to the criteria in Section 2.1 of AS 4343 Pressure equipment—hazard levels
- Gas cylinders covered by Section 1.1 of AS 2030.1 Gas cylinders—General Requirements
- Tower crane including self erecting tower cranes
- Lift
- Escalator
- Moving walkway
- Building maintenance unit
- Hoist with a platform movement exceeding 2.4 metres, designed to lift people
- Work box designed to be suspended from cranes
- Amusement devices covered by Section 2.1 of AS 3533
Amusement Rides and Devices, except class 1 devices; playground devices; water slides where water facilitates patrons to slide easily, predominantly under gravity, along a static structure; wave generators where patrons do not come into contact with the parts of machinery used for generating water waves; inflatable devices that are sealed; inflatable devices that do not use a non return valve.
- Concrete placement unit with delivery boom
- Prefabricated scaffolding
- Prefabricated formwork
- Boom-type elevating work platforms
- Gantry crane with safe working load (SWL) greater than 5 tonnes
- Bridge crane with SWL greater than 10 tonnes
- Gantry crane or bridge crane which is designed to handle molten metal or Schedule 11 hazardous chemicals
- Vehicle hoist
- Mast climbing work platform.
- Mobile crane with SWL greater than 10 tonnes

Additional information

Manufacturer

Model /identification number and/or name of plant (eg amusement device ride name)

Month/Year of design or alteration (MM/YYYY)

4. DESIGN VERIFIER DETAILS

Design verifier details completed?
Y N

Name of design verifier's employer	<input type="text"/>		
ACN (if applicable)	<input type="text"/>	ABN	<input type="text"/>
Design verifier			
Surname	<input type="text"/>	First name	<input type="text"/>
Phone number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb/town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Please list your qualifications as a design verifier. And attach evidence of qualifications as attachment D.

5. DESIGN VERIFIER'S STATEMENT

Design verifier's statement completed?
Y N

I, , state that:

- > The design(s) for the item(s) of plant identified in this form was/were produced in accordance with the published technical standards and/or engineering principles specified in the designer's statement.
- > I have the skills, qualifications, competence and experience to verify the design of the plant identified in this form.

(Select one) With regard to the plant identified in this form:

- I was not involved in the production of the design.
- At the time the design was produced, I was not employed by the person conducting the business or undertaking that produced the design (the PCBU that produced the design).
- I was employed by the PCBU that produced the design but, at the time the design was produced, the PCBU used a quality system to undertake the design and is certified by a body accredited or approved by the Joint Accreditation System of Australia and New Zealand.

Name

6. ADDITIONAL INFORMATION FOR PRESSURE VESSELS

Additional information
for pressure vessels
completed?
Y N

Form to capture information for two chambers or conditions. If more chambers/conditions exist please provide further information on these and attach it to the application.

Hazard level (according to AS 4343)

Chamber 1: A B C D Chamber 2: A B C D

Class according to AS 1210 (select one or provide details in 'other' from the standard used):

1 1H 1S 2 2B 2H 2S or 3

Other (Please specify)

Volume (Litres or m3)

Design pressure (min and maximum) (kPa or MPa)

Design temperature (minimum and maximum in degrees Celsius)

Vessel contents Liquid Gas

Type of vessel (select one from categories steam vessel or miscellaneous vessel or transportable pressure vessel and then select the appropriate sub-category):

Steam vessel:

- Steam jacketed vessel
- De-aerator
- Steam vessel with quick actuating closure
- Other (specify)

Miscellaneous vessel:

- Air receiver
- Auxiliary vessel
- Static storage (corrosive)
- Buried or mounded vessel

Fire heaters/convection bank or process vessel (including corrosive)

- Vacuum vessel
- Water heaters
- Static low temperature vessel
- Refrigeration and air conditioning vessel
- Heated vessel (other than steam) with quick actuating closure

Transportable pressure vessel:

- Bulk (LPG, ammonia) quenched and tempered construction
- Bulk (LPG, ammonia) carbon steel construction
- Low temperature (less than ten degrees Celsius)
- Powder discharge—aluminium construction
- Powder discharge—carbon steel construction

Other (specify)

7. ADDITIONAL INFORMATION GAS CYLINDER

Additional information
gas cylinder
completed?
Y N

Design pressure (if applicable) (MPa)

Test pressure (MPa)

Design temperature

Volume (Litres or m3)

Contents (select one): Permanent or Medical gasses or Mixtures or HP liquefied gasses or LP liquefied gasses

Material type (select one)

Steel

Aluminium

Other (specify)

Construction type (select one)

Welded or Seamless

Composite

Jurisdictional Note 9 [for gas cylinder: deletions from list, additions, variation in units of measure etc]

8. ADDITIONAL INFORMATION FOR TOWER CRANE

Additional information
for tower crane
completed?
Y N

Luffing Non luffing

If luffing selected then selection of how crane is luffed. Winch Hydraulic cylinder

Maximum rated capacity (tonnes)

Maximum boom length (metres)

Maximum radius (metres)

Maximum freestanding height

Select one. Free standing Tied to structure

Type (select one of the following):

Self erecting

Fixed

Rail mounted

Internal climber

Articulated jib

Trolley jib

9 ADDITIONAL INFORMATION FOR LIFTS

Additional information
for lifts completed?

Y N

Maximum rated load (kg)

Maximum travel (metres)

Maximum speed (metres/second)

Car maximum floor area (metres²)

Maximum number persons

Number of levels serviced

Number of openings

Drive type

Water Electric Hydraulic

Lifting mechanism (select one)

Traction Screw Drum Oil hydraulic Water hydraulic Electric motor direct drive

Suspension wire rope type

Yes No

Control type

Automatic Non-automatic

Lift motor control type (select one)

Single speed AC Two speed AC Variable voltage AC Variable frequency

Variable voltage DC—Static Variable voltage DC—Motor generator

Other (specify)

Lift type (select one):

Passenger Goods Stairway Special purpose industrial

Lift for people with limited mobility Service Inclined Low rise platform for passengers

10. ADDITIONAL INFORMATION FOR AN ESCALATOR OR MOVING WALKWAY

Additional information
for an escalator or
moving walkway
completed?

Y N

Rated capacity (maximum number of persons per hour)

Maximum speed (metres/second)

Maximum travel length (metres)

Maximum angle of incline (degrees)

Jurisdictional Note 12 [for escalator or moving walk: deletions from list, additions, variation in units of measure etc]

11. ADDITIONAL INFORMATION FOR BUILDING MAINTENANCE UNIT

Type from the standard used according to AS 1418.13)

A B C Other

Maximum rated capacity (kg)

Maximum working height (metres)

Hoist motor location (select one)

Platform Roof Hoist power source

Jurisdictional Note 13 [for building maintenance unit: deletions from list, additions, variation in units of measure etc]

Additional information for building maintenance unit completed?
Y N

12. ADDITIONAL INFORMATION FOR HOIST WITH A PLATFORM MOVEMENT EXCEEDING 2.4 METRES, DESIGNED TO LIFT PEOPLE OR VEHICLE HOIST

Maximum number of people permitted

Maximum rated capacity (kg)

Maximum working height (metres)

Maximum hoisting speed (metres/second)

Jurisdictional Note 14 [for hoist: deletions from list, additions, variation in units of measure etc]

Additional information for hoist with a platform movement exceeding 2.4 metres, designed to lift people or vehicle hoist completed?
Y N

13. ADDITIONAL INFORMATION FOR A WORK BOX DESIGNED TO BE SUSPENDED FROM CRANES

Maximum number of people permitted

Maximum rated capacity (kg)

Length of box (metres)

Width of box (metres)

Height of box (metres)

Tare mass (kg)

Jurisdictional Note 15 [for work box: deletions from list, additions, variation in units of measure etc]

Additional information for a work box designed to be suspended from cranes completed?
Y N

14. ADDITIONAL INFORMATION REQUIRED FOR AMUSEMENT DEVICES

Class according to AS 3533 (select one) 1 2 3 4 5

Type (select one):

Ropeway Inflatable Powered Other (specify)

Select one: Fixed Mobile

Name or description of amusement device (specify)

Type of passenger support (select one): Cabin/chair or Rope tow or Seat or Standing platform or Suspended or Slide.

Number of supports or units

Maximum number of persons

Number of persons per support (adult and children) (if applicable)

Minimum age (if applicable)

Minimum height (cm) (of applicable)

Maximum speed of patrons (m/s)

Maximum acceleration force (g)

Maximum revolving speed (if applicable) (rpm)

Maximum height attained by patrons (metres)

Operating power (Select one):

Battery Electric Electric-hydraulic Petrol Diesel Other (specify)

Is a pressure vessel used with the device? Yes No

If Yes, does the pressure vessel require periodic internal inspections Yes No

Additional information
required for
amusement devices
completed?
Y N

15. ADDITIONAL INFORMATION FOR ROPEWAYS

Travel distance (metres)

Maximum height (metres)

Number of compression tension towers

Number of towers

Number of load/unload facilities

Jurisdictional Note 16 [for amusement device: deletions from list, additions, variation in units of measure etc]

Additional information
for ropeways
completed?
Y N

16. ADDITIONAL REQUIREMENTS FOR CONCRETE PLACEMENT UNIT WITH DELIVERY BOOM

Maximum boom length (metres)

Maximum delivery rate (m³/hr)

Maximum delivery pressure (MPa)

Select one: Truck mounted Fixed

Jurisdictional Note 17 [for concrete placement unit: deletions from list, additions, variation in units of measure etc]

Additional requirements for concrete placement unit with delivery boom completed?
Y N

17 ADDITIONAL REQUIREMENTS FOR PREFABRICATED SCAFFOLDING

Rated load per bay (kg)

Maximum height (metres) which can be erected

Frame or frame type (select one): Modular Tower

Design duty loading according to AS 1576 (select one): Heavy Medium Light Special

Maximum number of planked platforms at the maximum working height

Maximum number of planked platforms that can be loaded at the same time at the maximum working height for Heavy or Medium or Light (duty loads)

Jurisdictional Note 18 [for prefabricated scaffolding: deletions from list, additions, variation in units of measure etc]

Additional requirements for prefabricated scaffolding completed?
Y N

18. ADDITIONAL REQUIREMENTS FOR PREFABRICATED FORMWORK

Rate capacity per standard (or support) (kg)

Maximum height of each standard or support

Jurisdictional Note 19 [for prefabricated scaffolding: deletions from list, additions, variation in units of measure etc]

Additional requirements for prefabricated formwork completed?
Y N

19. ADDITIONAL REQUIREMENTS FOR BOOM TYPE ELEVATING WORK PLATFORMS

Additional requirements for boom type elevating work platforms completed?
Y N

Maximum rated capacity (kg)

Maximum number of persons in work platform

Maximum radius (m) (from inner edge of work platform to axis of rotation)

Indoor or outdoor

Maximum rated wind velocity for outdoor use

Maximum chassis inclination

Insulated (state voltage) or non insulated

Maximum working height (m)

Propulsion type (select one): Self propelled Pedestrian controlled Manually propelled

Type (select one): Vehicle mounted Self propelled Trailer mounted or other (specify)

Jurisdictional Note 20 [for boom type elevating work platform: deletions from list, additions, variation in units of measure etc]

20. ADDITIONAL REQUIREMENTS FOR MAST CLIMBING WORK PLATFORM

Additional requirements for mast climbing work platform completed?
Y N

Maximum rated capacity (kg)

Maximum working height (m)

Maximum free standing height (m)

Mast type (select one): Single Double

Type of base (select one): Fixed Trailer mounted Other

Maximum vertical travel speed (m/s)

Maximum wind velocity (m/s) in service

Jurisdictional Note 22 [for mast climbing work platform: deletions from list, additions, variation in units of measure etc]

21. ADDITIONAL REQUIREMENTS FOR MOBILE CRANE (NEW APPLICATIONS AND ALTERATION TO DESIGN APPLICATIONS)

Additional requirements for mobile crane completed?
Y N

Maximum rated capacity (t)

Working radius at maximum capacity (m)

Maximum radius (m)

Slewing Non-slewing

Boom type (Select one): Fixed length Hydraulic extension Pin-jib (lattice)

Luffing No luffing

Type of luffing (select one): Hydraulic Winch

Type (select one): Truck Crawler

Jurisdictional Note 23 [for mobile crane: deletions from list, additions, variation in units of measure etc]

22 CHECKLIST

Checklist completed?
Y N

The following documentation must be supplied for any type of plant for which the design is being registered.

- Attachment A:** Representational drawings of the plant design must be submitted in the English language and be capable of being kept in an electronic form.
- Attachment B:** Statement from the plant designer that the designer has complied with the designer's obligations under section 22 of the *Work Health and Safety Act 2011* (Clth) and specifying the published technical standards and engineering principles used in the design. The plant designer must sign and date this statement. The statement must be in English or translated into English.
- Attachment C:** A document outlining the engineering principles used for the item of plant.
- Attachment D:** Certified copies of qualifications of the design verifier.
- Attachment E:** Any other requirements for that item of plant.

23. DECLARATION BY APPLICANT

Declaration by applicant completed?
Y N

I declare that:

- > The applicant does not hold an equivalent registration with a state or territory authority for the design of the item of plant described in this application.
- > The details provided in this application 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 applicant.

I consent to Comcare making enquiries and exchanging information with work health and safety regulators in other states or territories regarding any matter relevant to this application

Name

Position/title

Signature

Date

24. FEES

Fees completed?
Y N

The fee for design registration is \$90.

The fee is payable no later than 14 days after the date the registration is issued.

Invoice

Credit card—Please charge payment of this application to:

Please debit my

Mastercard

Visa

AMEX card to the amount of

Card number

Expiry date

Name of card holder

Signature

Date

Please fax completed forms to (02) 6274 8866 or post to:

Authorisations Team

Comcare

GPO Box 9905

Canberra ACT 2601

If you have any further questions on lodging or completing the form, please contact the Authorisations Team on 1300 366979 or email WHS.plant@comcare.gov.au.