



Applicant No:
(Comcare use only)

Occupational Health and Safety (Safety Standards) Regulations 1994 - Part 4,
Division 8

Notification Form: Compliance with Maintenance Requirement for Tower Cranes (Reg 4.48)

A separate form is required for each notification of compliance with the maintenance requirement for a tower crane. 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.

See also separate instructions for completing this form.

1. Current licence number.....	Applicant number..... (Comcare use only)
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2. Organisation and applicant details	
Organisation's details:	Applicant's details:
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

3. Plant item identification
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"/>

4. Plant location (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 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 4.48(2) and (3) require an employer to give the Commission a notice, for each period of 36 months or if a tower crane is located, 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 36 months that the employer has been licensed to operate the tower crane, has the employer carried out the inspections, checks, tests, maintenance and cleaning required under paragraph 4.15(2)(h) of the Regulations for the tower crane?

Yes No

2 Has the tower crane been relocated?

Yes No

3. If the tower crane has been relocated, has the employer carried out the inspections, checks, tests, maintenance and cleaning required under paragraph 4.15(2) (h) of the Regulations for the tower crane since the last notice for the tower crane was given?

Yes No

4. Has this tower crane 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