



Comcare use only

Application no.

Site no.

Application for Certificate of Compliance

Major Hazard Facility

Occupational Health and Safety (Safety Standards) Regulations 1994 – Part 9

Office use
only checklist

Personal information collected by Comcare in connection with this application will be used for the purpose of assessing the application and administering the Certificate of Compliance under Part 9 of the *Occupational Health and Safety (Safety Standards) Regulations 1994*. The information may also be used for the administration and enforcement of legislation administered by Comcare including the: *Occupational Health and Safety Act 1991*; *Occupational Health and Safety (Safety Arrangements) Regulations 1991*; the *Occupational Health and Safety (Safety Standards) Regulations 1994*; 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 OHS 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.

For more information call 1300 366 979 or visit our website at www.comcare.gov.au

1. Major hazard facility classification

Has the facility been classified as a major hazard facility? Yes No

Note: The Safety, Rehabilitation and Compensation Commission (SRCC) may only issue a certificate of compliance to an employer in relation to a major hazard facility.

Date classified

____/____/____

2. Applicant's details

Full name of organisation

Principal Officer's name

Principal Officer's title

Trading as (if applicable)

Registered address

Postcode

Postal address

Postcode

Principal business address

Postcode

ABN

ACN (if applicable)

Entity type (as per the Australian Business Registry)

Registered telephone

Registered facsimile

Email

Applicant Agency
details provided?

Y N

3. Contact details

Contact person

Telephone

Position

Facsimile

Postal address

Postcode

Email

Contact details provided?

Y N

4. Type of classified major hazard facility

under the Occupational Health and Safety (Safety Standards) Regulations 1994

- Nuclear installation
- Prescribed radiation facility
- Physical Containment level 3 laboratory within the meaning of AS/NZS 2243.3:2002
- Physical Containment level 4 laboratory within the meaning of AS/NZS 2243.3:2002
- Other (please explain)

Facility type identified.

Y N

5. Details of existing Commonwealth scheme(s)

List the existing Commonwealth scheme under which the major hazard facility is regulated and name of regulator.

Details provided?

Y N

Regulator

1.

Regulatory Scheme

Regulator

2.

Regulatory Scheme

Regulator

3.

Regulatory Scheme

Regulator

4.

Regulatory Scheme

6. Supporting documents

Documents provided?

Please provide the following to support your application:

Y N

- Sufficient information to identify the existing Commonwealth scheme under which the major hazard facility is regulated;
- A copy of the licence, certificate or other instrument made or issued under the existing Commonwealth scheme;
- A copy of any report prepared under the existing scheme in the past five years about a major accident; and
- A copy of any application with an existing agency for licence and/or certificate but not yet granted.

When attaching documents to this application, please indicate clearly whether they relate to a, b, c or d.

Please note: The SRCC may request additional information in relation to the application.

7. Declaration

Declaration signed?

I declare that the information contained in this application and supporting this application is to the best of my knowledge true and correct.

Y N

I declare that the organisation named in section 2 of this application is the operator (i.e. employer who manages, controls or intends to be in control) of the major hazard facility.

Witnessed?

Y N

I declare that:

- this application has been completed in accordance with Regulation 9.25
- the organisation named in section 2 will, as soon as practicable, give written notice to the SRCC:
 - if the operations at the facility cease to be regulated by the existing commonwealth scheme that applied in relation to the facility at the time of application
 - should any of the details provided in this application change prior to a decision being made by the SRCC under Regulation 9.26
 - should any of the supporting documentation provided in section 6 of this application be updated, revoked, replaced, expired, modified or changed in any way prior to a decision being made by the SRCC under Regulation 9.26.

Signature

Date

Name

Position

Witnessed by (signature)

Date

Witness name

Telephone

General information and instructions

Notes

- Only an employer who holds the registration for a major hazard facility may apply for a major hazard facility certificate of compliance in respect of that facility.
- The certificate of compliance application and all declarations should be signed by the Chief Executive or the most senior officer of the corporation.
- Comcare may maintain a publicly available database of certificate of compliance holders.

Contact details

Submit your completed application form and all supporting documentation to:

MHF Section
Comcare
GPO Box 9905
Canberra, ACT, 2601

Telephone: **1300 366 979**
Email: **hazmat-helpdesk@comcare.gov.au**