



Australian Government

Comcare

PUTTING YOU *FIRST*

TRIM

(Comcare use only)

Applicant number

Item registration number

(if multiple items, use form PIR001A)

New Renewal Variation Multiple

FORM WHS—PIR001

APPLICATION FOR REGISTRATION OF AN ITEM OF PLANT

Applications should be made by the person conducting a business or undertaking (PCBU) that has management or control of the item of plant at a workplace. When the PCBU in these circumstances is the Commonwealth, a public authority or a non-Commonwealth licensee, the application should be made to Comcare.

Applicants (including registration holders applying for renewals or variations) not falling within these categories should approach their relevant state or territory regulatory/licensing authority regarding plant registration matters.

- > All applicants should read the *Guide for Applicants—Plant 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. VARIATION

Variation completed?
Y N

If variation, enter reason and attach details, if necessary (e.g. change of plant location, alteration of plant).

2. DETAILS OF APPLICANT (PCBU)

Details of applicant PCBU completed?
Y N

Name (e.g. Commonwealth agency/
company name)

ACN (if applicable)

 ABN

Postal address

Suburb/town

 State Postcode

Name of contact person for applicant

Postal address

Suburb/town

 State Postcode

Contact person's designation/title

Phone number

 Mobile number

Fax number

Email

3. TYPE OF PLANT (select one)

Type of plant completed?
Y N

- Boilers categorised as hazard level A, B or C according to criteria in Section 2.1 of AS 4343:2005 'Pressure equipment – Hazard levels'
Hazard level (Indicate either A, B or C) A B C

- Pressure vessels categorised as hazard level A, B or C according to the criteria in Section 2.1 of AS 4343:2005 'Pressure equipment – Hazard levels, except: gas cylinders; LP Gas fuel vessels for automotive use, and serially produced vessels.'
Hazard level (Indicate either A, B or C) A B C

- Tower cranes, including self-erecting tower cranes but excluding a crane or hoist that is manually powered.

- Lift

- Escalator

- Moving walkway

- Building maintenance unit

- Amusement devices covered by Section 2.1 of AS 3533.1:2009 'Amusement rides and devices—Design and construction', except class 1 devices: playground devices; water slides where water facilitates patrons to slide easily, predominately 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

- Mobile crane with a safe working load of greater than 10 tonnes

4. ADDITIONAL INFORMATION FOR ALL PLANT

Additional information for all plant completed?
Y N

Manufacturer

Year of manufacture Model number

Serial number or unique plant identification number

Date when plant was first commissioned or first registered (whichever occurred first)

5. DESIGN REGISTRATION DETAILS

Design registration details completed?
Y N

If the plant design also required registration please provide the following details:

Design registration number

Issuing authority

6. LOCATION OF PLANT

Location of plant completed?
Y N

Is this item of plant fixed or mobile? (tick box) Fixed Mobile

Where is the item of plant located?*

Location and/or name of building

Unit/street number and street name

Suburb/town

State

Postcode

*For mobile plant, indicate the location where the plant is stored or maintained.

Note: Ensure that location of item of plant to be registered is clearly identified (particularly if located in buildings or large complexes such as hospitals and shopping centres, where there may be similar items of plant which also may be under the management or control of different persons/entities).

7. APPLICANT'S DECLARATIONS

Applicant's declarations completed?
Y N

I declare that:

- > The item(s) of plant described in this application has/have been inspected by a competent person and assessed as safe to operate.
- > The applicant does not hold equivalent registration for the item(s) of plant described in this application with a state or territory authority.
- > 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

Signature

Date

8. FEES

Fees completed?
Y N

The fee for registrations and registration renewals for an item of plant is \$100. There is no fee for variations or cancellations.

The fee is payable no later than 14 days after the date of the letter granting the licence.

9. PAYMENT

Payment completed?
Y N

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 /

Card holder name

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 366 979 or email WHS.Plant@comcare.gov.au