



Notification of Plant Design (Reg 4.50)

A separate form is required for each design being notified.
To obtain copies of this form or for further information please contact Comcare on 1300 366 979 or email: ohs.plant@comcare.gov.au.
See also separate instructions for completing this form.

1. Organisation and applicant details

Organisation's details:

Principal Officer / CEO title
.....
Name of organisation.....
Postal address
State Post code.....

Applicant's details:

Name
Position title
Postal address
State Postcode.....
Phone number.....
Mobile number.....
Fax number.....
Email

2. Type of plant (Tick boxes as appropriate and if pressure equipment, identify the hazard level.)

- | | |
|--|---|
| <input type="checkbox"/> Pressure equipment, other than pressure piping, that has a hazard level of A, B, C, or D, determined in accordance with AS 4343-1999 'Pressure equipment – Hazard levels' and specifically covered by AS/NZS 1200:2000 'Pressure equipment' | <input type="checkbox"/> Prefabricated scaffolding |
| Hazard Level <input type="checkbox"/> (Indicate either A, B, C or D.) | <input type="checkbox"/> Boom-type elevating work platform |
| <input type="checkbox"/> Gas cylinder covered by AS 2030, AS 2030.1-1999, AS 2030.2-1996 and AS 2030.4-1985 | <input type="checkbox"/> Gantry crane (see note (i) below):
<input type="radio"/> with a safe working load greater than five tonnes; or
<input type="radio"/> designed to handle molten metal or dangerous goods (see note (ii) below). |
| <input type="checkbox"/> Tower crane (See note (i) below.) | <input type="checkbox"/> Bridge crane (see note(i) below):
<input type="radio"/> with a safe working load of greater than 10 tonnes; or
<input type="radio"/> designed to handle molten metal or dangerous goods (see note (ii) below). |
| <input type="checkbox"/> Building maintenance unit | <input type="checkbox"/> Vehicle hoist (See note (i) below.) |
| <input type="checkbox"/> Hoist, with a platform movement in excess of 2.4 metres, designed to lift people (See note (i) below.) | <input type="checkbox"/> Mast climbing work platform (See note (i) below.) |
| <input type="checkbox"/> Work box suspended from crane | <input type="checkbox"/> Mobile crane with a safe working load greater than 10 tonnes (See note (i) below.) |
| <input type="checkbox"/> Amusement structure covered by AS 3533.1-1997 'Amusement rides and devices – Part 1: Design and construction', other than class 1 structures | |

Note (i): For the purposes of licensing, cranes and hoists in Schedule 6 exclude those that are manually powered, elevating work platforms or tow trucks.

Note (ii): Dangerous Goods means dangerous goods as defined in the Australian Dangerous Goods (ADG) Code.

3. Plant item identification

Name of manufacturer.....	Design registration (if registered with another State/Territory):
Date of manufacture.....	• Number (if applicable)
Model number.....	• Name of issuing authority (if applicable)
Serial number.....	Has the plant's design been altered since registration?
Any owner identification details.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. 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..... (Please print in BLOCK LETTERS)	Position title.....
Signature.....	Date.....

Send completed form to:

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