



Australian Government

Comcare

	(Comcare use only)
TRIM	<input type="text"/>
Applicant number	<input type="text"/>
	(If previously notified)

<b>TYPE OF REGISTRATION</b>	
<input type="checkbox"/>	New Design
<input type="checkbox"/>	Alteration of Design
Existing DRN (if alteration)	<input type="text"/>
Issuing authority	<input type="text"/>

# 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 Preventing harm>Managing hazards>Physical hazards>Plant and structures>Plant item and design registration.
- > Comcare's ABN is 41 640 788 304.
- > For more information call 1300 366 979 or email [WHS.plant@comcare.gov.au](mailto:WHS.plant@comcare.gov.au).
- > The payment attachment is a tax invoice for GST purposes upon completion of payment. Please keep a copy for your own records.

## PRIVACY INFORMATION

For information about how we handle personal information, please visit [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy) or contact us on 1300 366 979 and request a copy of our Privacy Policy.

## PCBUs IN COMCARE'S JURISDICTION

A PCBU must notify Comcare to design register their items of plant if the PCBU is the Commonwealth, a public authority or a non-Commonwealth licensee as defined in the WHS Act and Regulations. For more information about PCBUs in Comcare's jurisdiction, refer to [www.comcare.gov.au](http://www.comcare.gov.au).

# 1. APPLICATION TYPE

Application type completed?  
Y N

Designer  Manufacturer  Supplier  Importer

Other (Please specify)

# 2. DETAILS OF PCBU

Details of PCBU completed?  
Y N

Name (e.g. Commonwealth agency/organisation)

ACN (if applicable)  ABN

Postal address

Suburb/town  State  Postcode

# 3. DETAILS OF APPLICANT (PCBU)

Details of applicant (PCBU) completed?  
Y N

Name of contact person for applicant

Contact person's designation/title

Postal address

Suburb/town  State  Postcode

Phone number  Mobile number

Fax number

Email

## 4. 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)

## 5. DESIGN VERIFIER DETAILS

Design verifier details completed?  
Y N

Name of design verifier's employer

ACN (if applicable)

ABN

### Design verifier

Surname

First name

Phone number

Mobile number

Email

Postal address

Suburb/town

State

Postcode

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

## 6. 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.

Signature

Date

## 7. 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)

## 8. 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]

## 9. 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

## 10. 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 (metres<sup>2</sup>)

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

## 11. 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]

## 12. ADDITIONAL INFORMATION FOR BUILDING MAINTENANCE UNIT

Additional information for building maintenance unit completed?  
Y N

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]

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

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

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]

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

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

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]



## 15. ADDITIONAL INFORMATION REQUIRED FOR AMUSEMENT DEVICES

Additional information required for amusement devices completed?  
Y N

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

## 16. ADDITIONAL INFORMATION FOR ROPEWAYS

Additional information for ropeways completed?  
Y N

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]

## 17. ADDITIONAL REQUIREMENTS FOR CONCRETE PLACEMENT UNIT WITH DELIVERY BOOM

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

Maximum boom length (metres)

Maximum delivery rate (m<sup>3</sup>/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]

## 18. ADDITIONAL REQUIREMENTS FOR PREFABRICATED SCAFFOLDING

Additional requirements for prefabricated scaffolding completed?  
Y N

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]

## 19. ADDITIONAL REQUIREMENTS FOR PREFABRICATED FORMWORK

Additional requirements for prefabricated formwork completed?  
Y N

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]

## 20. 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]

## 21. 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]

## 22. 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]

## 23. 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 (Cth)* 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.

## 24. DECLARATION BY APPLICANT

Declaration by  
applicant completed?  
Y N

**Note:** Note that in relation to section 268 of the *Work Health and Safety Act 2011*, Part 7.4 of the *Criminal Code Act 1995* makes it an offence for you to give Comcare false or misleading information in respect of this application. Should you provide false or misleading information in this application, you will be liable for prosecution under the *Criminal Code Act 1995*, and if convicted, face a penalty of up to 12 months imprisonment.

I declare that:

- > The applicant does not hold equivalent registration for the item(s) of plant described in this application with a state or territory authority.
- > I am empowered by valid and express power, delegation in writing or authorisation in writing, to act as, for or on behalf of the PCBU that is required to make this application.
- > The information in this application is true and correct to the best of my knowledge.
- > I consent to Comcare making enquiries and exchanging information with other Commonwealth entities and other work health and safety regulators in the states and territories regarding any matter relevant to this application.

Print name	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature	<input type="text"/>	Contact phone no.	<input type="text"/>
Position title	<input type="text"/>		

Please fax completed forms to 1300 196 971 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](mailto:WHS.plant@comcare.gov.au).



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# PLANT DESIGN REGISTRATION TAX INVOICE

The fee for design registration is \$90.00 (no GST). The fee is payable no later than 14 days after the date the registration is issued.

This document will be a tax invoice for GST purposes upon completion of payment. For all enquiries please phone 1300 366 979 or email [WHS.Plant@comcare.gov.au](mailto:WHS.Plant@comcare.gov.au).

## APPLICANT DETAILS

Title	<input type="text"/>	Family name	<input type="text"/>	Given names	<input type="text"/>
Postal address	<input type="text"/>				
	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

## PAYMENT DETAILS

	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard			
Card number	<input type="text"/>				
Cardholder's name	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/>		
Cardholder's signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Design registration number <i>(Comcare use only)</i>	<input type="text"/>				