



Australian Government

Comcare

NOTIFICATION FORM—PART A

MAJOR HAZARD FACILITY

WORK HEALTH AND SAFETY REGULATIONS 2011

1. DETAILS OF OPERATOR

Is this application for a Body Corporate? YES NO Is this application for an Individual? YES NO

Full Body Corporate/Individual Name

Registered Business Name (if applicable)

ABN ACN

Address for correspondence

Street number Street name

Suburb/town Postcode

Postal address (if different from above)

Contact details for questions regarding this notification

Email

Direct phone line Mobile

Documentary evidence:

1. A copy of the business name registration certificate or other written evidence of the registration of the business name (where applicable).
2. A copy of an extract from the ASIC register which lists the current owner(s), part-owner(s), director(s), partner(s) or officers having an interest (where applicable)

Evidence attached? YES NO

2. DETAILS OF THE FACILITY

Facility name

Location or street address

Suburb/town State Postcode

(Note If facility is, or will be in a remote location, provide name of nearest place name/ State and postcode)

3. CONTACT DETAILS OF PERSON WHO CAN ASSIST COMCARE REGARDING THIS NOTIFICATION

Name of contact	<input type="text"/>				
Position title	<input type="text"/>				
Address	<input type="text"/>				
Suburb/town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone number	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				

4. REASON FOR THE NOTIFICATION *(please tick the appropriate box)*

Existing major hazard facility (Regulation 536)

Proposed major hazard facility. (Regulation 537) Expected operational date / /

5. TYPE OF POTENTIAL MAJOR HAZARD FACILITY *(please tick the appropriate box)*

Schedule 15 materials are present or likely to be present in a threshold quantity or aggregate quantity equal to or greater than 100% *(please also complete Parts B of this notification form)*

Schedule 15 materials are present or likely to be present in a threshold quantity or aggregate quantity of greater than 10% but less than 100% *(please also complete Parts B of this notification form)*

6. NOTIFICATION FORM CHECKLIST *(Check the following information is attached to this notification form).*

Part A—Business description of the facility

Information about the facility including a description the primary business activity at the site.

A brief description of the activities and processes that involve schedule 15 materials

Part B—Facility description attachments

Scaled plans(s) showing:

- a. the layout of the facility
- b. The location of the main processing units/storage arrangements including information supplied as to the maximum capacity, contents and process conditions for schedule 15 materials
- c. Any temporary storage areas
- d. Control room(s),
- e. Loading/unloading areas,
- f. Administration and workshop areas.

The number of people (including contractors) normally located at the facility. The number of people (including contractors) normally located at the facility.

Details of all major incidents involving schedule 15 hazardous chemicals in the past 10 years or for the life of the facility where operations have been in existence for less than 10 years.

Scaled map(s) for the area up to 500 metres from the facility showing details of the natural and built environment. If applicable, highlight major infrastructure, utilities and transport corridors and any other MHFs.

7. DETAILS OF OPERATORS SAFETY RECORD

Has the operator ever been convicted or found guilty of any offence under the WHS Act, these Regulations or any other current or former law of the Commonwealth or a State that deals with occupational health and safety matters?

YES NO If yes, provide details

Has the operator ever entered into an enforceable undertaking under the WHS Act or any other current or former law of the Commonwealth or a State that deals with occupational health and safety matters?

YES NO If yes, provide details

Has the operator previously held an equivalent licence under a corresponding WHS law as defined in the WHS Act and these Regulations?

YES NO If yes, describe any condition imposed on that licence

Has the operator (or in the case of a corporate body, any officer of the corporate body) been refused an equivalent licence by another state or territory or the Commonwealth work health and safety regulator?

YES NO If yes, provide details of any suspension, cancellation or disqualification

Has the operator had any equivalent licence suspended or cancelled and, if so, whether or not the operator had been disqualified from applying for an equivalent licence?

YES NO If yes, provide details of any suspension, cancellation or disqualification

8. DECLARATION OF THE AUTHORITY THAT OPERATES (OR INTENDS TO OPERATE) THE FACILITY

- a. 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 operator that operates / intends to operate (cross out whichever does not apply) the facility to which the information on this notification form applies.
- b. I consent to Comcare making enquiries and exchanging information with government agencies within the Commonwealth and in other states or territories regarding any matter relevant to this notification.
- c. I consent to Comcare making enquiries and exchanging information with any individuals or non-government agencies within the Commonwealth and in other states or territories regarding any matter relevant to this application.
- d. I agree to my details being published by Comcare on its website for the purpose of informing an at risk community.
- e. I have the authority from the relevant body corporate to complete and submit this notification (for body corporate applicants only)

Name		Position title	
Signature			Date
			/ /

NOTIFICATION FORM—PART B

Ser	Schedule 15 material item no. (s) & name & category ¹	CAS No. ²	UN Nos	Class	Packing group	Physical form ³	Container type ⁴	Quantity on-site (tonnes) ⁵			Threshold quantity ⁶ (tonnes)	AQR
								Storage	In-process	Total		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
											TOTAL AQR	

1: Include all these details where applicable. For 'category' only include generic description in Schedule 15 e.g. explosive materials, compressed and liquefied gases, etc.

2: CAS No.—Chemical Abstract Service number: Class—Dangerous goods class as per ADG code: GTDDT—'goods too dangerous to transport' i.e. a schedule 15 material not included in the ADG code: AQR-Aggregate quantity ratio.

3: Specify the form in which the material is present, e.g. solid, liquid, gas, mixture, etc.

4: The type of storage e.g. tank, process vessel, cylinder, distillation column, etc.

5: Storage or in process.

6: If a material has two threshold quantities (i.e. for the specific material and the category of material) only include lowest value.