



**Australian Government**

**Comcare**

TRIM

(Comcare use only)

Workplace number

(If previously notified)

## FORM WHS—HCP001

# NOTIFICATION FORM—PIPELINES WHICH TRANSFER SCHEDULE 11 CHEMICALS

Please note the following information before starting your application

- > Notifications referred to in this form should be made to Comcare by the relevant person conducting a business or undertaking (PCBU) that is the Commonwealth, a public authority or a non-Commonwealth licensee.
- > If the notification concerns the transfer of a Schedule 11 hazardous chemical into a public place, the PCBU operating the pipeline must ensure the notification is made to Comcare.
- > It is advised that all notifiers read the *Guidance Material for Notification of Pipelines and the Transfer of Schedule 11 Hazardous Chemicals* before completing this notification.
- > The guidance material is available on the Comcare website under Safety & Prevention>Health & safety topics>Hazardous Chemicals.
- > For more information call 1300 366 979 or email [WHS.Pipelines@comcare.gov.au](mailto:WHS.Pipelines@comcare.gov.au).

### PRIVACY AND PERSONAL INFORMATION

Any personal information collected by Comcare in connection with this notification may be used in Comcare's exercise of its functions and powers under the *Work Health and Safety Act 2011* (WHS Act), *Work Health and Safety Regulations 2011* (WHS Regulations) and other legislation, 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 advisers; 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 (including police investigating or conducting an interview in connection with the notification); state and territory Coroners; and any other person where there is an obligation under law to do so.

Comcare and inspectors appointed by Comcare respect your privacy and are committed to protecting your personal information. If you have any concerns about the privacy of your personal information, please contact Comcare's privacy contact officer by email at [privacy@comcare.gov.au](mailto:privacy@comcare.gov.au).

Comcare's privacy statement is available at [http://www.comcare.gov.au/about\\_us/privacy](http://www.comcare.gov.au/about_us/privacy).

### PCBUs IN COMCARE'S JURISDICTION

A PCBU must notify Comcare of their pipelines that transfer Schedule 11 Chemicals into a public place 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).

**SECTION 1. NOTIFICATION TYPE**

Notification type completed?  
Y N

Select one:

- Transfer of a Schedule 11 hazardous chemical into a public place
- Proposed pipeline
- Relaying of a pipeline
- Amendment to details in a previous pipeline notification
- Repair, removal, decommissioning, closure or abandonment of part of the pipeline

**SECTION 2. NOTIFIER DETAILS (PCBU)**

Notifier details (PCBU) completed?  
Y N

Name (e.g. Commonwealth agency/organisation)

ACN (if applicable)  ABN

Postal address

Suburb/town  State  Postcode

**SECTION 3. NAME AND DETAILS OF CONTACT PERSON FOR THE PCBU**

Name and details of contact person for the PCBU completed?  
Y N

Surname

First name

Contact person's designation/title

Phone number  Mobile number

Fax number

Email

Postal address for individual

Suburb/town  State  Postcode

**SECTION 4. WORKPLACE DETAILS** *(pipeline commencement)*

Workplace details completed?  
Y N

Name of intended owner and operator of pipeline (if not the notifier)


Name of workplace

Street name and street number

Suburb/town  State  Postcode

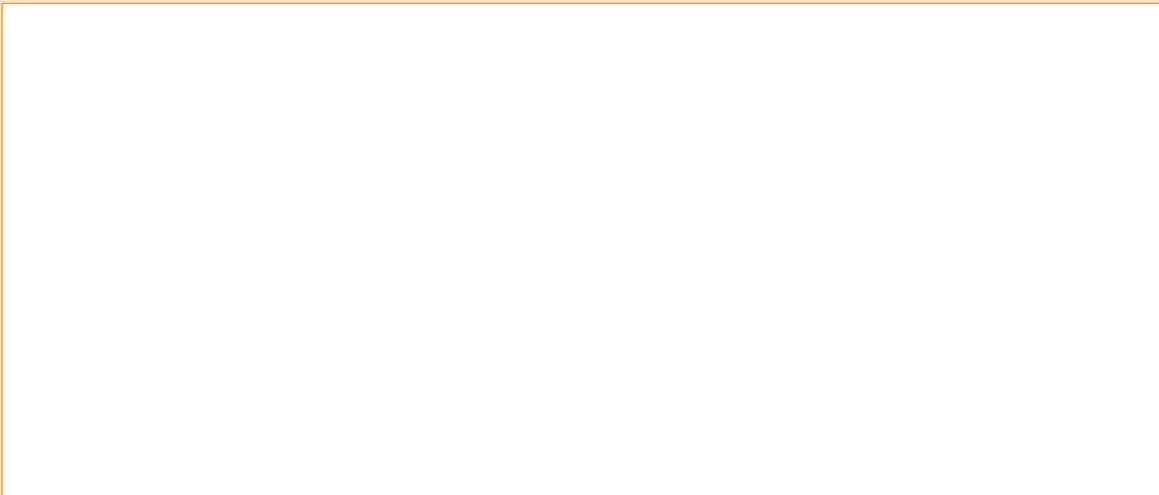
**SECTION 5. DETAILS OF PUBLIC PLACE PIPELINE WILL CROSS**

Details of public place pipeline will cross completed?  
Y N



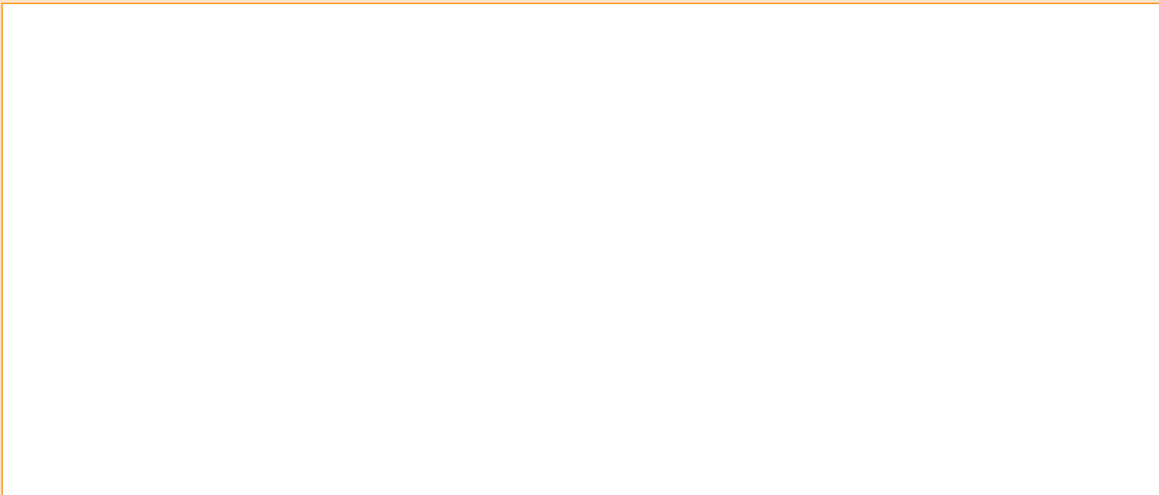
**SECTION 6. DETAILS OF PIPELINE SPECIFICATIONS**

Details of pipeline specifications completed?  
Y N



**SECTION 7. PROVIDE A DESCRIPTION OF THE OPERATIONS INVOLVED WITH THE BUSINESS OR UNDERTAKING**

Provide a description of the operations involved with the business or undertaking completed?  
Y N



SECTION 8. DETAILS OF THE PIPELINES (PLEASE ENSURE PIPELINE IDENTIFICATION CORRESPONDS BETWEEN TABLE 1 AND 2)

Details of the pipelines completed?  
Y N

Table 1—Details of pipeline:

Pipeline ID	First Day in operation	Name of Organisation where Schedule 11 chemicals are being transferred to via pipeline	Address of workplace where Schedule 11 chemicals are being transferred to via pipeline	Details of Pipeline Builder	Details of Pipeline Owner
		Business Name:  ABN:  Contact Person:  Phone:	Address:	Business Name:  ABN:  Contact Person:  Phone:	Business Name:  ABN:  Contact Person:  Phone:
		Business Name:  ABN:  Contact Person:  Phone:	Address:	Business Name:  ABN:  Contact Person:  Phone:	Business Name:  ABN:  Contact Person:  Phone:
		Business Name:  ABN:  Contact Person:  Phone:	Address:	Business Name:  ABN:  Contact Person:  Phone:	Business Name:  ABN:  Contact Person:  Phone:

SECTION 9. SCHEDULE 11 CHEMICALS TRANSFERRED OUTSIDE OF WORKPLACE (PLEASE ENSURE PIPELINE IDENTIFICATION CORRESPONDS BETWEEN TABLE 1 AND 2)

Schedule 11  
chemicals transferred  
outside of workplace  
completed?  
Y N

Table 2—Details of chemicals

Pipeline ID	Type of Schedule 11 Chemicals	Quantity of Schedule 11 Chemicals transferred through pipeline each calendar year (litres)	Name of the Supplier of the Schedule 11 Chemicals	Are current / intended operational procedures attached? YES/NO	Are current / intended emergency procedures attached? YES/NO	Is there an attached diagram of the location or proposed location of the pipeline? YES/NO
			Business Name:  ABN:  Contact Person:  Phone:			
			Business Name:  ABN:  Contact Person:  Phone:			
			Business Name:  ABN:  Contact Person:  Phone:			

## SECTION 10. DECLARATION BY NOTIFIER

Declaration of  
notifier 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 notification. Should you provide false or misleading information in this notification, 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:

- > 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 notification.
- > The information in this notification 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 notification.

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 (02) 6274 9468 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.Pipelines@comcare.gov.au](mailto:WHS.Pipelines@comcare.gov.au).