



Australian Government

Comcare

# APPLICATION FOR MAJOR HAZARD FACILITY EXEMPTION

Use this form to apply for an exemption from the requirements relating to a major hazard facility (MHF) or proposed major hazard facility (proposed MHF) under the *Work Health and Safety Regulations 2011* (Cth) (Regulations).

Before you complete this form, please read Part 11.2 of the Regulations and Comcare's [Regulatory Guide on MHF exemptions](#).

## How to submit this form

Once you have completed this form please submit by email to [WHSexemptions@comcare.gov.au](mailto:WHSexemptions@comcare.gov.au), attaching the responses to Parts B and C and any other supporting documents. Comcare will contact you if further information is required. There is no fee for applying for an exemption.

If you would like to discuss your matter before finalising and submitting an application, please email [WHSexemptions@comcare.gov.au](mailto:WHSexemptions@comcare.gov.au) with a brief description of the circumstances. Comcare will then contact you by telephone or email to discuss the matter.

An application for exemption will often raise unusual and complex factors. It is therefore difficult to predict how long it will take to consider a particular application.

## Use of information

Comcare is required to comply with section 271 of the *Work Health and Safety Act 2011* (Cth) in relation to all information or documents obtained in connection with this application and is required to comply with the *Privacy Act 1988* (Cth) in relation to any personal information.

Information and documents Comcare obtains in connection with this application will be used for the purpose of assessing the application and administering the exemption. The information may be provided to other work health and safety regulators to ensure that a nationally consistent approach is taken to exemptions under the model work health and safety laws. In addition, Comcare will notify Safe Work Australia of the decision made in relation to the application in order to maintain a national register of exemption decisions for work health and safety regulators.

## PART A. THE APPLICANT

The applicant must be the operator of the relevant MHF or proposed MHF.

If the applicant is part of the Commonwealth, give the name of the relevant non-corporate Commonwealth entity (as defined in the *Public Governance, Performance and Accountability Act 2013* (Cth)).

Name	<input type="text"/>
ABN/ACN	<input type="text"/>
Contact person	<input type="text"/>
Position	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

## PART B. THE PROPOSED EXEMPTION

Please address the following questions in a separate document and attach when you submit this application.

### 1. The facility

What is the facility to which the proposed exemption relates? Is it an MHF or a proposed MHF?

### 2. Schedule 15 chemicals

What are the Schedule 15 chemicals to which the proposed exemption will apply?

### 3. Period of proposed exemption

What is the period for which the exemption is sought? Provide start and end dates, as relevant. An exemption will not be granted for more than 5 years, corresponding to the maximum duration of an MHF licence.

### 4. Reasons for seeking exemption

Why is an exemption being sought?

### 5. Risk control

How do you propose that workers and other persons will be protected against harm to their health, safety and welfare, despite a Schedule 15 chemical being present or likely to be present at the MHF or proposed MHF in a quantity that exceeds the threshold quantity? Outline your risk assessment and proposed control measures to demonstrate the level of health and safety that will be achieved. Provide information on the frequency with which the Schedule 15 chemicals will be present or are likely to be present at the MHF or proposed MHF, the quantities that will be or are likely to be involved, the containers that will be or are likely to be used, etc.

### 6. Consultation

What consultation has occurred with workers and other duty holders in relation to your proposal?

## PART C. EQUIVALENT STANDARD OF HEALTH AND SAFETY

Comcare must not grant an MHF exemption unless satisfied, amongst other things, that doing so will result in a standard of health and safety that is at least equivalent to the standard that would be achieved by compliance with the relevant regulations.

In comparing the standards of health and safety, Comcare must have regard to all relevant matters. Please provide your submissions on how Comcare should regard the following matters in a separate document and attach when you submit this application.

### 1. Compliance

Is the applicant complying with the Regulations and the *Work Health and Safety Act 2011* (Cth)?

### 2. Processes and procedures to minimise quantity of Schedule 15 chemicals

Does the applicant have processes and procedures in place which will keep the quantity of the Schedule 15 chemicals present or likely to be present at or below the threshold quantity for the Schedule 15 chemicals as often as practicable?

### 3. Control measures

Has the applicant implemented adequate control measures to minimise the risk of a major incident occurring?

### 4. Other relevant matters

Are there any other matters that are relevant for Comcare in considering whether or not granting the proposed exemption will result in a standard of health and safety that is at least equivalent to the standard that would have been achieved without that exemption?

## PART D. SIGNATURE

Part 7.4 of the *Criminal Code* contains offences dealing with false and misleading information.

- I am authorised to make this application on behalf of the applicant.
- To the best of my knowledge, the contents of this application, the responses to Parts B and C and any supporting documents are true and correct.
- I consent to service of notices on the applicant in relation to this application by email to the email address provided in Part A above.
- I acknowledge that the information and documents provided in connection with this application may be shared with other work health and safety regulators and with Safe Work Australia.

Signature	<input type="text"/>
Name	<input type="text"/>
Capacity	<input type="text"/>
Date	<input type="text" value="/ /"/>