



Australian Government

Comcare

# Application for authorisation to use, handle or store prohibited and restricted carcinogens

This application form is approved by Comcare for the purposes of administering the *Work Health and Safety Act 2011* (WHS Act).

## Privacy and personal information

Any personal information collected by Comcare in connection with this application will be used to assess the granting of an authorisation. The information may also be used by Comcare in connection with its functions and powers under the 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 application); 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

The person conducting the business or undertaking (PCBU) is required to make the application for an authorisation. Applications should be made to Comcare 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).

## Fees

There is no fee for an application or amendment to an application for an authorisation to use, handle or store a prohibited or restricted carcinogen.

## Additional information about seeking an authorisation

PCBUs wishing to obtain an authorisation for prohibited and restricted carcinogens are encouraged to review Comcare's 'Guide on authorisations to use, handle or store carcinogens' prior to submitting an application. The guide is available on our website at [www.comcare.gov.au](http://www.comcare.gov.au).

## Applications are valid for one carcinogen only

Note that a separate application must be made for each prohibited or restricted carcinogen for which Comcare's authorisation is being sought.

For more information call Comcare's WHS Helpdesk on 1300 366 979 or email [WHS.Help@comcare.gov.au](mailto:WHS.Help@comcare.gov.au).

## 1. Application type (please select one)

- New application
- Amendment to a previous application

## 2. Details of the person conducting the business or undertaking (PCBU)

\* Name

Registered Business Name (if applicable)

\* ABN / ACN

\* Street address

\* Town/suburb

\* State

\* Postcode


## 3. Details of person completing form (individual must have appropriate delegation for responsible PCBU)

\* Title

\* Given name

\* Family name

\* Position/title

\* Street address

\* Town/suburb

\* State

\* Postcode

\* Telephone number

Mobile number

Fax number

\* Email address


## 4. Details of workplace at which the restricted or prohibited carcinogen is to be used, handled or stored

\* Name of workplace

\* Street address

\* Town/suburb

\* State

\* Postcode


## 5. Details of the supplier of the carcinogen

* Registered Business Name	<input type="text"/>
* ABN	<input type="text"/>
* Street address	<input type="text"/>
* Town/suburb	<input type="text"/>
* State	<input type="text"/>
* Postcode	<input type="text"/>
* Telephone number	<input type="text"/>
Mobile number	<input type="text"/>
Fax number	<input type="text"/>

## 6. Details of the carcinogen

NOTE: Please provide details in an attachment if there is not enough space for your answers on this form.

\* Type of carcinogen  Prohibited carcinogen  Restricted carcinogen

\* Name of carcinogen

\* Quantity of the carcinogen to be used, handled or stored at the workplace each year

\* Number of workers who may be exposed to the carcinogen

\* Length of time that the carcinogen is to be used, handled or stored at the workplace

\* List the purposes and activities for which the carcinogen will be used, handled or stored

## 7. Documentation of risk management procedures

\* Please attach a copy of the risk management procedures for the use, handling and storage of the carcinogen.

These should include:

- Detailed risk assessments undertaken by the PCBU for the carcinogen;
- Safe work method statements for all activities the carcinogen is used for;
- Safety data sheets for the carcinogen;
- Any additional internal policies and/or procedures that are referenced as part of the application; and
- Any monitoring results that confirm the controls related to exposure are effective

\* Have safer alternatives to the carcinogen been appropriately investigated?  Yes  No

\* Provide a statement explaining why the elimination or substitution of the carcinogen is not reasonably practicable.

NOTE: Please provide this statement in an attachment if there is not enough space below.

## 8. Declaration by applicant

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:

- > 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 the applicant for the authorisation sought
- > 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.

\* Name

\* Position/title

\* Signature

\* Date

Please submit completed forms to [WHS.Chemicals@comcare.gov.au](mailto:WHS.Chemicals@comcare.gov.au) or alternatively fax a copy of the form to 1300 196 971.