

NOTIFICATION OF MAJOR HAZARD FACILITY

Work Health and Safety Act 2012 (SA)
Work Health and Safety Regulations 2012 (SA)

Regulation 536 'Operators of certain facilities must notify regulator '
Regulation 537 'Notification - proposed facilities'
Regulation 547 'Re-notification if quantity of Schedule 15 chemicals.
increases'
Regulation 548 'Notification by new operator '

SafeWork SA

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Help Centre: 1300 365 255
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www.safework.sa.gov.au

For help with this Notification, please refer to the Guide for Major Hazard Facilities - Notification and determination, available at www.safework.sa.gov.au

Notification of Possible Major Hazard Facilities (MHFs)

This notification relates to: (Please select ONE)

- Current facility
- Proposed facility
- Re-notification if quantity of Schedule 15 chemical increases
- Notification of change of operator

Tick if you have a current Dangerous Substances Licence Number

If yes, please provide the SafeWork SA Client Number
and/or Licence Number

1. Operator details

Australian Business Number (ABN)

Australian Company Number (ACN)

Name of operator

Business registration (trading) name (if applicable)

Address details

Suburb/town

State/territory

Postcode

Postal address (if different from above)

Telephone

Mobile

Facsimile (optional)

Email address

2. Information about the facility

Site address

Street or lot number

Street name

Suburb/town

State/territory

Postcode

ANZSIC code

ANZSIC code most applicable to your business

Is the site staffed ?

NO

If YES, when is it staffed

hours per day

days per week

Maximum number of people (including contractors) present on site at any one time on a normal working day

Site staffing hours (including shift roster,if any)

3. Details of contact person for inquiries

| | | | |
|----------------------|----------------------|------------------------|----------------------|
| Family name | Given name(s) | Title | Job title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address details | | | |
| <input type="text"/> | | | |
| Suburb/town | | State/territory | Postcode |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> |
| Business Telephone | Business Mobile | Business Email address | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

4. Site and surroundings

4.1 Details of location of site

Provide enough detail to locate the facility using a street map or Google maps, may include GPS coordinates, lot numbers, or other real property description.

Mark the location of the premises on a map.

4.2 Details of surroundings of site

Provide a scale map(s) showing the approximate location of the site and the land use in the surrounding area, up to one kilometre from the facility including the following:

- information on the surrounding land use and planning zones available from the local authority
- other facilities storing, manufacturing or processing hazardous materials (if known)
- major infrastructure and service facilities including airports, port facilities, railway lines, railway stations, major roads or highways, power or water facilities, gas pipelines and telecommunications
- schools, hospitals, child care centres, aged care centres, correctional centres
- densely populated urban or residential areas
- shopping centres
- major sporting grounds and recreational facilities
- water courses or natural waterways, dams
- ecologically sensitive areas
- commercial or industrial areas, high rise buildings, hotels or other businesses
- important national resources, heritage areas or properties
- off-site pipelines for hazardous materials.

4.3 Nature of Facility

A brief description of the primary business activity at the site, including general site activities, storage production and auxiliary processes

The description should cover particular activities and processes which involve Schedule 15 chemicals as well as any other dangerous goods or combustible substances on site which should be listed in the site manifest under Schedule 11 of the Regulations.

4.4 Details related to hazardous chemicals on site

Attach a scale plan of the facility, which clearly identifies the location of Schedule 15 chemicals at the facility:

(Provide indicative quantities in tonnes)

- storage areas for packaged goods (warehouses, etc)
- packaging or repackaging areas
- storage tanks and vessels indicating maximum capacity, contents and storage conditions
- processing or manufacturing units indicating maximum capacity, contents and process conditions
- truck/tanker loading and unloading facilities or wharf facility if applicable
- rail tanker loading and unloading facilities
- pumping stations
- control rooms, offices, workshops, other areas of large numbers of people
- on-site pipelines for hazardous materials.

If appropriate, use a master-plan and sub-plans.

4.5 Pipelines

Give details of any pipelines that enter and/or leave the facility and are used for Schedule 15 chemicals. The following table may be used to present the relevant information. If more space is needed, please attach separate sheets.

Please mark this box if a separate list is provided

Please mark this box if no pipelines

| Pipeline details | | | Scheduled 15 chemical | | Pressure [kPa(g)] | Temp °C | Pipe diameter (mm) |
|--------------------|------|----|-----------------------|---------------|-------------------|---------|--------------------|
| Name or identifier | From | To | Name | Physical form | | | |
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4.6 History of incidents involving Schedule 15 chemicals

Provide information on incidents involving Schedule 15 chemicals that have occurred at the facility during the past ten years and that involve any of the following:

- loss of containment (leak, spill, release) of a quantity of Schedule 15 chemical that exceeded 0.5% of the corresponding threshold quantity, or 1,000kg, whichever is less
- fire
- explosion or implosion.

The following table may be used to present the relevant information. If more space is needed, please attach separate sheets.

Please mark this box if a separate list is provided

Please mark this box if no incidents

Incident history

| Date DD/MM/YY | Brief description of incident | Chemicals involved | Consequences |
|---------------|-------------------------------|--------------------|--------------|
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TABLE 5.2

GROUPED CHEMICALS

| Schedule 15 chemical grouping | Description | Threshold quantity (Q) | Total quantity in process (tonnes) (p) | Total quantity in storage (tonnes)(s) | Total quantities (tonnes) (p + s = q) | Fraction (q/Q) |
|-------------------------------|-------------|------------------------|--|---------------------------------------|---------------------------------------|----------------|
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| Total Table 5.2 | | | | | | |

Aggregate Quantity Ratio (Total Table 5.1 and Table 5.2)

6. Additional information related to the operator

Has the operator as an individual (or in the case of a body corporate, the operator or any officer of the operator)

Been convicted, or found guilty of an offence under the *Work Health and Safety (WHS) Act 2012 (SA)* or *Work Health and Safety Regulations 2012 (SA)* or the SA Occupational Health, Safety and Welfare (OHS) Act or Regulations or under any corresponding WHS / OHS law?

NO **YES**, attach details

Entered into an enforceable undertaking under the WHS Act or under any corresponding WHS law?

NO **YES**, attach details

Had an equivalent licence refused under a corresponding WHS law?

NO **YES**, attach details

In the case of a previously held equivalent licence under corresponding WHS law:

Were any conditions imposed on that licence?

NO **YES**, attach details

Has that licence been suspended or cancelled?

NO **YES**, attach details

Was the operator disqualified from applying for a similar licence?

NO **YES**, attach details

7. Declaration

IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your notification.

I declare that:

- The operator consents to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the Commonwealth regarding any matter relevant to this notification.
- The operator consents to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this notification.
- The operator consents to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I declare that, to the best of my knowledge, the information provided in this notification and supporting documentation is true and correct in every particular.
- I have the authority from the body corporate to complete and submit this notification (body corporate applicants). YES NO

Name of person signing

Job title

Signature

Date

8. Notification checklist

Have you:

- Completed Part 1: Operator details
- Completed Part 2: Information about the facility
- Completed Part 3: Details of contact person for inquiries
- Attached Part 4.1: additional details of site location
- Attached map for Part 4.2: Details of surroundings of the site
- Attached Part 4.3: Brief description of the nature of the facility
- Attached Part 4.4: Scale map of facility identifying location of Schedule 15 chemicals at site
- Completed Part 4.5: Pipelines
- Completed Part 4.6: History of incidents involving Schedule 15 chemicals
- Completed Part 5: Quantities of Schedule 15 chemicals
- Completed Part 6: Answered all 6 questions about the operator and attached all relevant information
- Completed Part 7: Has the CEO or other authorised officer signed the declaration?
- Retained a copy of the information used in completing this notification.

9. Submit Notification

Email Submission:

Once you have recorded all the necessary details, ensure you SAVE the form. Print the last page and sign and date. Please ensure you email the completed form, signed last page (eg scanned) and all necessary attachments to: licensing.safework@sa.gov.au

Postal Submission:

**SafeWork SA
Licensing Unit,
GPO Box 465,
Adelaide SA 5001**