

NOTIFICATION OF ABANDONED TANK

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

Regulation 367 'Notification of abandoned tank'

SafeWork SA
Licensing Unit,
GPO Box 465, Adelaide SA
5001
Level 4, World Park A
33 Richmond Road
Keswick SA 5035
Help Centre: 1300 365 255
ABN: 50 560 588 327
www.safework.sa.gov.au

For help completing this notification, please refer to the Guide for Applicants available at www.safework.sa.gov.au.

1. Details of Person Conducting a Business or Undertaking (PCBU) who controls or manages the tank at workplace

Name of the person conducting the business or undertaking

Australian Business Number (ABN)

Australian Company Number (ACN)

Registered name of body corporate (if applicable)

Business registration (trading) name (if applicable)

Address

Suburb/town

State/territory

Postcode

Postal address (if different from above)

Telephone

Mobile

Facsimile (optional)

Email address

Name of the individual PCBU or contact person for a body corporate applicant:

Family name

Given name(s)

Title

M/F

Date of birth

Position

Previous occupier details (if known)

Family name

Given name(s)

Title

M/F

Registered name of body corporate (if applicable)

Australian Business Number (ABN)

Australian Company Number (ACN)

2. Details of the tank

Location of Tank

Street Number Street Name

Suburb/town

State/territory

Postcode

Details of the tank:

Identification or code number

Capacity (in Litres)

Location

Underground

Partially underground

Fully mounded

2. Details of the tank (continued)

Hazardous Chemical that the tank contained

Flammable gases (GHS Category 1)

Flammable liquids (GHS Category 1-4)

Date tank abandoned

Tank was Removed

Decommissioned on site

Date Tank was removed/decomissioned in-situ

3. Notification declaration requirements

IMPORTANT:

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

I declare that:

- I have authority from the body corporate to complete and submit this notification (body corporate notifiers)
- I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.
- I consent 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.
- I consent 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 notification.
- I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.

Name of applicant

Signature of applicant

Date

Position