

# Notification of major hazard facility

This form is for operators and proposed operators to notify, or re-notify, the Regulator depending on the circumstance when they exceed or propose to exceed, or are likely to exceed 10% of the threshold quantities of hazardous chemicals listed within Schedule 15 under Regulation 536, 537 and 547 Work Health and Safety (National Uniform Legislation) Regulations 2011.

It is a requirement that a notification be made in accordance with Part 9.2 of the Regulations, in particular Regulation 538 dealing with the content of the notification.

Regulation 548 requires the new operator of the determined major hazard facility to give the Regulator a notification that contains information specified in Regulation 538(2) in relation to the proposed new operator.

## Notification type:

Proposed facility (Reg 537)  Existing facility (Reg 536)   
Re-notification (Reg 547)  New operator (Reg 548)

## 1. Business details

Is this notification for a Body Corporate <input type="checkbox"/>		Is this notification for an Individual <input type="checkbox"/>	
Company name:		ABN:	
Contact person:			
Business address:			
Suburb:	State:	Postcode:	
Is your postal address the same as above? (If no, complete below)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Postal address:			
Suburb:	State:	Postcode:	
Phone number:	Mobile number:		
Email address:			

## 2. Company registration extract

Attach a copy of an extract from the ASIC register which lists the current owner(s), part owner, director(s), partner(s) or officers having an interest – where applicable.	<input type="checkbox"/>
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## 3. Licence cancellation/suspension/refusal details

<b>NOTE:</b> if a Body Corporate, an Officer is defined within the <i>Corporations Act 2011</i> . Separate declarations are required for each Officer. If there is more than one declaration, please attach a separate sheet for each Officer.	
Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever been convicted or found guilty of an offence under the WHS Act or WHS Regulations or under any corresponding WHS law? (If yes, please provide details below):	No <input type="checkbox"/> Yes <input type="checkbox"/>

Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) ever entered into an enforceable undertaking under the WHS Act or under any corresponding WHS law? (If yes, please provide details below):	No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) been previously refused a major hazard facility licence under a corresponding WHS law? (If yes, please provide details below):	No <input type="checkbox"/> Yes <input type="checkbox"/>
If the Operator/Individual (or in the case of a corporate body, any officer of the corporate body) previously held a MHF licence under a corresponding WHS law in respect of which: 4a. any condition that has been imposed on that licence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4b. that the licence had been suspended or cancelled and, if so, whether or not the operator had been disqualified from applying for a major hazard facility licence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Section 268 of the WHS Act specifies that a person must not give information in complying or purportedly complying with the Act that the person knows to be false or misleading in a material particular; or omits any matter or thing without which the information is misleading. This section has a maximum penalty of \$10,000 for an individual and \$50,000 for a body corporate.	

**4. Facility information**

Facility name:					
ANZSIC Code in accordance with AS 1292.0 Industrial Classifications:					
Facility address:					
Suburb:		State:		Postcode:	
Map reference:					
Postal address (if different from above):					
Contact details for technical questions regarding this notification:					
Phone number:		Email address:			
Land use in surrounding area (select applicable)					
Schools	<input type="checkbox"/>	Nursing/Age care facility	<input type="checkbox"/>	Sporting complex	<input type="checkbox"/>
Protected areas	<input type="checkbox"/>	Habitats of environmental significance	<input type="checkbox"/>	Heritage importance	<input type="checkbox"/>
Other public area	<input type="checkbox"/>				

Land zoning for the location (select applicable)					
Low density residential	<input type="checkbox"/>	Medium density residential	<input type="checkbox"/>	High density residential	<input type="checkbox"/>
Heavy Industrial	<input type="checkbox"/>	Light Industrial	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Rural	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**Brief description of the nature of the operations**  
 (Please add extra pages (or include an attachment) describing the proposed facility operations along with the proposed processing, storage or other activities for the facility. Refer to guides below for further information.)

To assist the Regulator in understanding the nature and scale of the facility you should include the following scaled plans/diagrams in support of your notification:

- The existing or proposed layout of the facility showing boundaries and fences, roads (internal roads and points of entry into and exit), storage containers, buildings and structures (clearly mark the buildings where the manufacturing and/or storage will occur);
- Details of pipelines entering or leaving the facility which will or may have Schedule 15 materials. Include pressures, pipe sizes, temperatures, physical form/s, going from/to;
- The existing or location where the Schedule 15 materials will be or likely to be stored, handled or transported (if known);
- Any existing or temporary storage areas;
- The existing or proposed control room/s;
- The existing or proposed areas of public access and car parking;
- The location of firefighting equipment (if known);
- The location of gas, water, and electricity generation or distributions areas (if known);
- The existing or proposed location of loading and unloading areas for road and rail and ships;

Details of public or major industrial buildings, structures and storage areas on adjacent premises and areas open to the public within 1km of the boundary fence (in a straight line).

**5. Information about the schedule 15 chemicals present or likely to be present**

Type of proposed Major Hazard Facility (please cross the appropriate box) and then fill out Tables A, B and C:	
Schedule 15 materials likely to be present in a threshold quantity or aggregate quantity equal to or greater than 100% (please fill out the attached table of scheduled materials)	<input type="checkbox"/>
Schedule 15 materials likely to be present between 10% and 100% of the threshold quantities (please fill out the attached table of scheduled materials)	<input type="checkbox"/>
Hazardous Chemicals (including explosives) referred to in table 15.2 of Schedule 15 (please attach details)	<input type="checkbox"/>
Toxicological materials referred to in table 15.2 of schedule 15 as Toxic solids and liquids (please attach details)	<input type="checkbox"/>
Other (please attach details)	<input type="checkbox"/>

**6. Table A**

List other hazardous substances that are proposed to be on-site that not included in Schedule 15 but could contribute to a major incident.				
Hazardous chemical name	UN number	Physical form	Container type	Qty (kg)

**7. Table 15.1 – Schedule 15 materials**

Table B										
For each material, which is listed in Schedule 15 and which, is, or is likely to be, present at the facility in a quantity greater than 10% of the corresponding threshold quantity from Tables 15.1. <i>Please attach extra pages if required.</i>										
Hazardous Chemical name	UN Number	Class	Packaging Group	Physical Form <sup>1</sup>	Container type <sup>2</sup>	Max Quantity on-site (tonnes) <sup>3</sup>			Threshold quantity (tonnes) <sup>4</sup>	AQR <sup>5</sup>
						Storage	In-Process	Total		
Table B – Hazardous chemical aggregate:										
1. Specify the form in which the material is present (e.g. solid, liquid, gas, mixture etc.) 2. The type of storage (e.g. tank, process vessel, cylinder, distillation column etc). 3. Storage or in process. 4. If a material has 2 threshold quantities (i.e. for the specific material and the category of the material) only include the lowest value. 5. AQR = Aggregate Quantity Ratio.										

8. Table 15.2 – Schedule 15 Materials (not listed in previous table)

Table C												
For each material which are listed in table 15.2 of schedule 15 (attached extra pages if required)												
Hazardous Chemical name	UN Number	Class	Packaging Group	Physical Form <sup>6</sup>	Very Toxic as per table 15.3		Most toxic route of entry and LD50 as per table 15.3	Largest containment system			Threshold quantity (tonnes) <sup>7</sup>	Fraction
					Yes	No		Quantity (tonnes)	T (°C)	P (kPa)		

Table C – Hazardous chemical aggregate:

6. Specify the form in which the material is present (e.g. solid, liquid, gas, mixture etc).

7. If a material has 2 threshold quantities (i.e. for the specific material and the category of the material) only include the lowest value.

**9. Receiving report**

How do you wish to receive the report?	Post	<input type="checkbox"/>	Email	<input type="checkbox"/>	Collection	<input type="checkbox"/>
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**10. Notifier declaration**

The information in this notification is true and correct to the best of my knowledge. I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification.			
I have submitted this form electronically (signature is not required)			<input type="checkbox"/>
Notifier signature:		Date:	

**Privacy statement**

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the <i>Information Act</i> .
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**Lodgement**

Completed applications can be lodged in person, email or via post at a NT WorkSafe below:		
<b>Phone:</b> 1800 019 115	<b>Email:</b> <a href="mailto:ntworksafe@nt.gov.au">ntworksafe@nt.gov.au</a>	<b>Postal:</b> GPO Box 1722, Darwin NT 0801
<b>In person:</b> Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT		