Use this form to notify NT WorkSafe of an abandonment of tank in accordance with Regulation 367 of the Work Health and Safety (National Uniform Legislation Regulations 2011.

Refer to the guide to schedule 11 hazardous chemicals and abandonment of tanks notification for further information.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Notifier details** | | | | | | | | | | | | | | | | | |
| Business name: | |  | | | | | | | | | | ABN: | | |  | | |
| Contact person: | |  | | | | | | | | | | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | |  | | | | | Postcode: |  |
| Phone number: | |  | | | | | | | | Mobile number: | | | | | |  | |
| Email address: | |  | | | | | | | | | | | | | | | |
| 1. **Workplace details** (this is the details of the workplace on which the tank is/was located) | | | | | | | | | | | | | | | | | |
| Type of business or undertaking conducted: | | | | | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | State: | | |  | | | | | Postcode: |  |
| 1. **Details of the tank** | | | | | | | | | | | | | | | | | |
| Identification or code number: | | | |  | | | | Type: | | |  | | | | | | |
| Capacity: | |  | | | | | Date the tank was abandoned: | | | | | | |  | | | |
| Class of schedule 11 hazardous chemical that the tank contained: | | | | | | | | | | | | | | | | | |
| 1. **Evidence** | | | | | | | | | | | | | | | | | |
| Attach a copy of a letter or certificate from a competent person/contractor confirming the method of abandonment was in accordance with AS4976. | | | | | | | | | | | | | | | |  |
| 1. **Notifier declaration** | | | | | | | | | | | | | | | | |
| I the undersigned person making this notification, herby solemnly and sincerely declare that the information made in this notification and attachments are true and correct in every particular.  I declare that the installation, operation and maintenance of this fuel gas system complies with the applicable Australian Standard. | | | | | | | | | | | | | | | | |
| I have submitted this form electronically (signature is not required) | | | | | | | | | | | | | | |  | |
| Notifier signature: | |  | | | | | | | | | | Date: | | |  | |
| **Privacy statement** | | | | | | | | | | | | | | | | |
| The Department of Attorney General and Justice complies with the Information Privacy Principles scheduled by the Information Act. | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | |
| Complete notifications can be lodged in person, email or via post at a NT WorkSafe below: | | | | | | | | | | | | | | | | |
| Phone: 1800 019 115 | | | | Email: [ntworksafe@nt.gov.au](mailto:ntworksafe@nt.gov.au) | | | | Postal: GPO Box 1722, Darwin NT 0801 | | | | | | | | |
| In person: Darwin Corporate Park, Building 3 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | |