Use this form to notify of pipeline works in accordance with Regulation 390 of the Work Health and Safety (National Uniform Legislation) Regulations 2011.

Refer to the guide for applicants for notifications of pipelines for further information.

**Notification type:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposed pipeline or re-laying of a pipeline | | | | | | | | | | |  | | Amendment | | | | | | | | | | | | |  |
| Repair | | | | | | | | | | |  | | Commissioning | | | | | | | | | | | | |  |
| Closure | | | | | | | | | | |  | | Decommissioning | | | | | | | | | | | | |  |
| Removal | | | | | | | | | | |  | | Abandonment | | | | | | | | | | | | |  |
| Supplier of schedule 11 hazardous chemicals | | | | | | | | | | |  | | Receiver of schedule 11 hazardous chemicals | | | | | | | | | | | | |  |
| 1. **Commencement date** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work will commence on: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **Notifier type** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Builder | |  | | Operator | | | |  | | Owner | | |  | | | Other (specify) | | | |  | |  | | | | |
| 1. **Builder/Operator/Owner details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * The builder of a proposed pipeline or the re-laying of a pipeline or the repair, removal, decommissioning, closure or abandonment of part of the pipeline. OR * The operator is the person conducting the business or undertaking of operating a pipeline, or is the intended operator of a pipeline under construction. The operator can be a person or a body corporate. OR * The owner is the person conducting the business or undertaking who owns the pipeline, or is the intended owner of a pipeline under construction. The Owner can be a person or a body corporate. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | |  | | | | | | | | | | | | | | | | ABN: | |  | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | | State: | |  | | | | Postcode: | | |  | | |
| Phone number: | | |  | | | | | | | | | | | Mobile number: | | | |  | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Pipeline location** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site name (if applicable): | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | State: | |  | | | | Postcode: | | |  | | |
| 1. **Schedule 11 hazardous chemicals** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The operator of the pipeline is to provide the following: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the supplier of the schedule 11 hazardous chemicals (person that supply’s at the start of the pipeline-first supplier) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the receiver of the schedule 11 hazardous chemicals (last recipient) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Classification of the schedule 11 hazardous chemical: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **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) | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Notifier signature: | | | | | |  | | | | | | | | | | | | Date: | | | |  | | | |
| **Checklist** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specifications of the pipeline (including design and construction standards used) | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Copy of the intended procedure or amended procedures for the operation, maintenance, renewal and relaying of the pipeline | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Map (for example a photocopy of a street directory) indicating the pipelines location in terms of public place/ into which the pipeline will cross (the map must be legible and of sufficient size to show details) | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Copy of the intended or the amended emergency response procedures | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed applications can be lodged in person, email or via post at a NT WorkSafe below: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** 1800 019 115 | | | | | | | | **Email:** ntworksafe@nt.gov.au | | | | | | | | **Postal:** GPO Box 1722, Darwin NT 0801 | | | | | | | | | |
| **In person:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | | | | |