Use this form to notify NT WorkSafe of the commencement of gas works on fuel gas systems when:

* The fuel gas stored in a gas container/s is more than 200kg; or
* The fuel gas system is connected to a gas main and the total gas consumption is more than 200MJ per hour.

NT WorkSafe must be notified no later than 24 hours prior to commencement of work or, in an emergency, as soon as practicable.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Commencement date** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work will commence on: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ABN: | |  | | | | | | | | | | | | | | | |
| Contact person: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | |  | | | | | | | | | Postcode: | | | | | | |  | | | |
| Phone number: | | | | | | |  | | | | | | | | | | | | | | | | | | | Mobile number: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Gasfitter details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gasfitter name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Licence number: | | | | | | | | | | | | |  | | | | | | | | | |
| Postal address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number: | | | | | | |  | | | | | | | | | | | | | | | | | Email address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Gas works location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of premise or caravan: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shop name: (if applicable) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number: | | | | | | | | | | | | |  | | | | | | | | | | | | Email address: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Nature of work** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New installation | | | | | | | | |  | | | | Addition | | | | | | | | | |  | | | | Alteration | | | | | | | | | | | | | | | | | | | | | |  | | | Repair | | | | | |  | | |
| Installation of gas container/s | | | | | | | | |  | | | | Installation type ‘B’ | | | | | | | | | |  | | | | Installation or repair of gas appliance | | | | | | | | | | | | | | | | | | | | | |  | | | Removal | | | | | |  | | |
| 1. **Type of installation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industrial | | |  | | | | | Commercial | | | | | | | | |  | | | Domestic | | | | | | | | |  | | | | | | | | Dispensing | | | | | | | | |  | | | | | | | Bulk storage | | | | | | |  |
| 1. **Gas withdrawal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquid | | | | | | | | | |  | | | | | | | | Low pressure vapour | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | High pressure vapour | | | | | | | | | | | |  | |
| Details of work pressure: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Type of gas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LP gas | |  | | | | | | | | | | | | | Low pressure vapour | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Gas source** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas main | |  | | | | | | | | | | | | | Bulk storage | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **What is the gas system being used for and what is it connected to?** e.g. stove, boiler, turbine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Piping sizing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas usage | | | |  | | |  | | | | | | | | | MJ/h | | | Pressure drop | | | | | | | | | | |  | | | |  | | | | | | | | | | kPa | | | | | | | | | | | | | | | | | |
| Main run | | | |  | | |  | | | | | | | | | m | | | HP 1st stage | | | | | | | | | | |  | | | | | | | | | | | | | | kPa | | | | | | | | | | | | | | | | | |
| Table number | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** if using formulae – the calculations are to be included on the plan over page. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Gas storage tank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity | | | | | | | | Manufacture | | | | | | | | | | | | | | Serial number | | | | | | | | | | | | | | | | | | | | Plant item No. | | | | | | | | | | | | | | Expiry date | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
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| 1. **Gas container/s** (other than a gas cylinder which is not filled on the premises) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capacity | | | | | Manufacturer | | | | | | | | | | | | | | | | ID number | | | | | | | | | | | | Manufacture date | | | | | | | | | | | | | | | | | | | | | Test date or last date of re-testing | | | | | | | | |
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| 1. **Compliance checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick the appropriate boxes where the work conforms to the Dangerous Goods Regulations (including AS1596, AS5601, AS3814, AS4645) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compound compliance | | | | | | | | | | |  | | | Fill and excess flow value | | | | | | | | | | | | | | | | | | | | |  | | | | | Vehicle protection | | | | | | | | | | | | | | | | | | | |  | | |
| Source of ignition | | | | | | | | | | |  | | | Combustible material | | | | | | | | | | | | | | | | | | | | |  | | | | | Fixing of regulator and vent direction | | | | | | | | | | | | | | | | | | | |  | | |
| Underground drains | | | | | | | | | | |  | | | Safety value(s) and relief direction | | | | | | | | | | | | | | | | | | | | |  | | | | | Fence, dome, lock | | | | | | | | | | | | | | | | | | | |  | | |
| Flammable liquid | | | | | | | | | | |  | | | Flood area | | | | | | | | | | | | | | | | | | | | |  | | | | | Pipe work is protected and secure | | | | | | | | | | | | | | | | | | | |  | | |
| Safety shut-off system | | | | | | | | | | |  | | | Dust caps | | | | | | | | | | | | | | | | | | | | |  | | | | | Instructions and signs | | | | | | | | | | | | | | | | | | | |  | | |
| OPSO value/meters | | | | | | | | | | |  | | | Fire protection | | | | | | | | | | | | | | | | | | | | |  | | | | | Correct temperature flexible hoses | | | | | | | | | | | | | | | | | | | |  | | |
| Attached gas compliance plate | | | | | | | | | | |  | | | Unused valves plugged | | | | | | | | | | | | | | | | | | | | |  | | | | | Behind/under cooker connection/safety chain | | | | | | | | | | | | | | | | | | | |  | | |
| Paint scheme – tank and fittings | | | | | | | | | | |  | | | Issue COC | | | | | | | | | | | | | | | | | | | | |  | | | | | Unused values plugged | | | | | | | | | | | | | | | | | | | |  | | |
| Isolation valves and over pressure protection | | | | | | | | | | |  | | | GPO/isolation value is adjacent location accessible to appliance | | | | | | | | | | | | | | | | | | | | |  | | | | | Components protected from extreme temperatures | | | | | | | | | | | | | | | | | | | |  | | |
| 1. **Site plan and the installation** (attach or provide drawing below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The applicable items from the compliance checklist must be included in the proposed installation plan including any particulars of any public places, protected works and ignition sources, adjacent or near to, and their distances from, the gas container. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |