Use this form to notify NT WorkSafe of schedule 11 hazardous chemicals, which exceed manifest quantities in accordance with Regulation 348 of the Work Health and Safety (National Uniform Legislation) Regulations.

Refer to the guide to schedule 11 hazardous chemicals and abandonment of tank notifications and the guide to manifest requirements for hazardous chemicals for further information.

**Notification type:**

New  Amendment (change to details)  Ceased

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Reference number** (ceasing/amendment only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference number: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | |  | | | | | | | | | | | | | | | | | ABN: | | |  | | | | | | |
| Contact person: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | State: | | | | |  | | | | | | Postcode: | | | |  |
| Is your postal address the same as above? (If no, complete below): | | | | | | | | | | | | | | Yes | | |  | | | | | | | No | | |  | | |
| Postal address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | |  | | | | | | | | | | | State: | | | | |  | | | | | | Postcode: | | | |  |
| Phone number: | | |  | | | | | | | | Mobile number: | | | | |  | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Workplace details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of business or undertaking conducted: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Site address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | | State: | | | | |  | | | | | | Postcode: | | | |  |
| Activities that involve using, handling or storing Schedule 11 Hazardous Chemicals: (Tick the appropriate boxes below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel retailer/Service Station | | | | |  | | | | Retailer/Retail distribution | | | |  | | | | | Storage | | | | | | | | | |  | |
| Chemical processing | | | | |  | | | | Decanting/Repackaging | | | |  | | | | | Blending/Mixing | | | | | | | | | |  | |
| Other (please specify) | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| Previous occupier of workplace details: (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Documents to be supplied** (New and amendment only)   (for information on completing a manifest and site plan go to the guide to manifest requirement for hazardous chemicals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site specific manifest attached | | | | | |  | | | | | | Site specific plan attached | | | | | | | | | | | |  | | | | | |
| 1. **Notifier declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I the undersigned person making this notification, hereby solemnly and sincerely declare that the information made in this notification and attachments are true and correct in every particular.  I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories and the Commonwealth regarding any matter relevant to this notification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |