

Notification of schedule 11 hazardous chemicals

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 tanks notifications](#) and the guide to [Manifest requirements for hazardous chemicals](#) for further information.

Notification type:

New Amendment (change to details) Ceased

1. Reference number (ceasing/amendment only)

Reference number:	
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2. Business details

Business name:		ABN:	
Contact person:			
Contact number:		Mobile number:	
Email address:			
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:	
Email address:			

3. 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 <input type="checkbox"/>	Retailer/Retail distribution <input type="checkbox"/>	Storage <input type="checkbox"/>	
Chemical processing <input type="checkbox"/>	Decanting/Repackaging <input type="checkbox"/>	Blending/Mixing <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>			
Previous occupier of workplace details: (if known)			

4. 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 <input type="checkbox"/>	Site specific plan attached <input type="checkbox"/>
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5. 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 Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so, or you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

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

Postal: GPO Box 1722, Darwin NT 0801

In person: Building 3, Darwin Corporate Park, 631 Stuart Highway, Berrimah NT