

Registration of plant design

This form is used for the registration of a plant design in accordance with Regulation 243 of the Work Health and Safety (National Uniform Legislation) Regulations.

Refer to the guide to plant design registration for further information.

Type of application: New design (\$105.00) Alteration of design (No fee)

1. Applicant details

Designer <input type="checkbox"/>		Person with management or control of item of plant <input type="checkbox"/>	
Company name:		ABN:	
Trading name:			
Contact person:		Position title:	
Business 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:	
Work number:		Mobile number:	
Email address:			

2. Plant details

Name of manufacturer:			
Description of plant:			
Name of plant (e.g. amusement device name):			
Model no:		Date of design or alteration:	
Information required for representation drawing(s)			
Title:			
Drawing number:		Revision number:	

3. Location

If applicant/body corporate is located outside the Northern Territory, please provide circumstance to justify the grant of registration:

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4. Type of plant (select one)

Gas cylinders covered by Section 1 of AS 2030.1:2009 Gas Cylinders – General Requirements (Complete 4.1.)	<input type="checkbox"/>
Pressure equipment, other than pressure piping and categorised as hazard level A, B, C or D according to the criteria in Section 2.1 of AS 4343:2005 Pressure Equipment – Hazard Levels (Complete 4.2.)	<input type="checkbox"/>
Tower crane including self-erecting tower crane (Complete 4.3.)	<input type="checkbox"/>
Lift (Complete 4.4.)	<input type="checkbox"/>
Escalator (Complete 4.5.)	<input type="checkbox"/>
Moving walkway (Complete 4.5.)	<input type="checkbox"/>
Building maintenance unit (Complete 4.6.)	<input type="checkbox"/>
Hoist with a platform movement exceeding 2.4 metres, designed to lift people (Complete 4.7.)	<input type="checkbox"/>
Work box designed to be suspended from cranes (Complete 4.8.)	<input type="checkbox"/>
Amusement device covered by Section 2.1 of AS 3533.1:2009 – Amusement Rides and Devices, except the following: <ul style="list-style-type: none"> class 1 devices; playground devices; water slides where water facilitates patrons to slide easily, predominantly under gravity, along a static structure; wave generators, where patrons do not come into contact with the parts of machinery used for generating waves; inflatable devices, other than inflatable devices (continuously blown) with a platform height of 3 metres or more. (Complete 4.9.) 	<input type="checkbox"/>
Concrete placing booms (Complete 4.10.)	<input type="checkbox"/>
Prefabricated scaffolding (Complete 4.11.)	<input type="checkbox"/>
Boom-type elevating work platform (Complete 4.12.)	<input type="checkbox"/>
Gantry crane with safe working load (SWL) greater than 5 tonnes (Complete 4.13.)	<input type="checkbox"/>
Bridge crane with SWL greater than 10 tonnes (Complete 4.13.)	<input type="checkbox"/>
Gantry crane or bridge crane which is designed to handle molten metal or Schedule 11 hazardous chemicals (Complete 4.13.)	<input type="checkbox"/>
Vehicle hoist (Complete 4.14.)	<input type="checkbox"/>
Mast climbing work platform (Complete 4.15.)	<input type="checkbox"/>
Mobile crane with SWL greater than 10 tonnes (Complete 4.16.)	<input type="checkbox"/>

4.1 Gas cylinder

Design pressure (MPa)(if applicable):		Test pressure (MPa):	
Design Temperature: (°C)		Volume: (m ³)	
Content (select one):	Permanent <input type="checkbox"/>	Medical gases <input type="checkbox"/>	Mixtures <input type="checkbox"/>
	HP liquefied gases <input type="checkbox"/>	LP liquefied gases <input type="checkbox"/>	
Material Type (select one):	Steel <input type="checkbox"/>	Aluminium <input type="checkbox"/>	
	Other (specify): <input type="checkbox"/>		
Construction Type (select one):	Welded <input type="checkbox"/>	Seamless <input type="checkbox"/>	Composite <input type="checkbox"/>

4.2. Pressure vessel

Form to capture information for two chambers or conditions. If more, chambers/conditions information to be provided with the application:						
Hazard level according to AS 4343:						
Chamber 1 (select one)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>		
Chamber 2 (select one)	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>		
Class according to AS 1210: (select one or provide details in 'other' from the standard used)	1 <input type="checkbox"/>	1H <input type="checkbox"/>	1S <input type="checkbox"/>	2A <input type="checkbox"/>	2B <input type="checkbox"/>	2H <input type="checkbox"/>
	2S <input type="checkbox"/>	3 <input type="checkbox"/>	Other (specify): <input type="checkbox"/>			
Volume (m ³):						
Minimum design pressure (kPa):			Maximum (kPa):			
Minimum design temperature (°C):			Maximum (°C):			
Vessel contents (select one):	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>				
Type of vessel (select one):	Steam vessel <input type="checkbox"/>	Miscellaneous vessel <input type="checkbox"/>	Transportable pressure vessel <input type="checkbox"/>			
Steam vessel (select one):	Steam jacketed vessel <input type="checkbox"/>	Steam vessel with quick actuating closure <input type="checkbox"/>				
	De-aerator <input type="checkbox"/>	Other (specify): <input type="checkbox"/>				
Miscellaneous vessel (select one):	Air receiver <input type="checkbox"/>	Auxiliary vessel <input type="checkbox"/>				
	Static storage (corrosive) <input type="checkbox"/>	Buried or mounded vessel <input type="checkbox"/>				
	Static storage (non-corrosive) <input type="checkbox"/>	Fire heaters/convection bank <input type="checkbox"/>				
	Process vessel (including corrosive) <input type="checkbox"/>	Vacuum vessel <input type="checkbox"/>				
	Water heater <input type="checkbox"/>	Static low temperature vessel <input type="checkbox"/>				
	Refrigeration and air conditioning <input type="checkbox"/>	Heated vessel (other than steam) with quick actuating closure <input type="checkbox"/>				
Transportable pressure vessel (select one):	Bulk (LPG, ammonia) quenched and tempered construction <input type="checkbox"/>					
	Bulk (LPG, ammonia) carbon steel construction <input type="checkbox"/>					
	Low temperature (less than 10°C) <input type="checkbox"/>					
	Powder discharge – aluminium construction <input type="checkbox"/>					
	Powder discharge – carbon steel construction <input type="checkbox"/>					
	Other (specify): <input type="checkbox"/>					

4.3. Tower crane

Type (select one):	Non luffing <input type="checkbox"/>	Luffing – Winch <input type="checkbox"/>	Luffing – Hydraulic cylinder <input type="checkbox"/>
Maximum rated capacity: (t)		Maximum boom length: (m)	
Maximum radius: (m)		Maximum installed height: (m)	
Support:	Free standing <input type="checkbox"/>	Tied to structure <input type="checkbox"/>	
Type (select one):	Self-erecting <input type="checkbox"/>	Fixed <input type="checkbox"/>	Rail mounted <input type="checkbox"/>
	Internal climber <input type="checkbox"/>	Articulated jib <input type="checkbox"/>	Trolley jib <input type="checkbox"/>

4.4. Lift

Maximum rated load: (kg)		Maximum travel: (m)	
Maximum speed: (m/s)		Car maximum floor area:(m ²)	
Maximum passengers:		Number of levels serviced:	
Number of openings:			
Drive type (Select Appropriate):	Water <input type="checkbox"/>	Electric <input type="checkbox"/>	Hydraulic <input type="checkbox"/>
Lift mechanism (Select One):	Traction <input type="checkbox"/>	Screw <input type="checkbox"/>	Drum <input type="checkbox"/>
	Oil hydraulic <input type="checkbox"/>	Water hydraulic <input type="checkbox"/>	Electric motor direct drive <input type="checkbox"/>
Suspension wire rope type:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Control Type (Select One):	Automatic <input type="checkbox"/>	Non Automatic <input type="checkbox"/>	
Lift motor control type: (select one)	Single Speed AC <input type="checkbox"/>	Two Speed AC <input type="checkbox"/>	Variable voltage AC <input type="checkbox"/>
	Variable Frequency <input type="checkbox"/>	Variable voltage DC - Static <input type="checkbox"/>	
	Variable Frequency DC – Motor Generator <input type="checkbox"/>		
	Other (specify): <input type="checkbox"/>		
Lift Type (select one):	Passenger <input type="checkbox"/>	Goods <input type="checkbox"/>	Stairway <input type="checkbox"/>
	Service <input type="checkbox"/>	Inclined <input type="checkbox"/>	Special Purpose Industrial <input type="checkbox"/>
	People with limited mobility <input type="checkbox"/>	Low rise platform for passengers <input type="checkbox"/>	

4.5. Escalator or moving walkway

Rated capacity (maximum number of persons per hour):		Maximum speed (m/s):	
Maximum rated capacity: (kg)		Maximum working height: (m)	

4.6. Building maintenance unit

Type (select one or provide details in 'other' from Standard used):	A <input type="checkbox"/>	B <input type="checkbox"/>	C (according to AS 1418.13) <input type="checkbox"/>
	Other (specify): <input type="checkbox"/>		
Maximum rated capacity (kg):		Maximum working height: (m)	
Hoist motor location (select one):	Platform <input type="checkbox"/>	Roof <input type="checkbox"/>	Hoist Power Source <input type="checkbox"/>

4.7. Hoist with a platform movement exceeding 2.4 metres, designed to lift people

Maximum number of people permitted:		Maximum rated capacity (kg):	
Maximum working height (m):		Maximum hoisting speed (m/s):	

4.8 Work box designed to be suspended from cranes

Maximum number of people permitted:		Maximum rated capacity (kg):	
Length of box (m):		Width of box (m):	
Height of box (m):		Tare mass (kg):	

4.9. Amusement device

Class according to AS 3533 (select one):	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Type (select one):	Mechanical <input type="checkbox"/>	Inflatable <input type="checkbox"/>	Ropeway (complete 4.9a below) <input type="checkbox"/>	
	Other (specify) <input type="checkbox"/>			
Name of amusement device (specify):				
Type of support (select one):	Cabin/Chair <input type="checkbox"/>	Rope tow <input type="checkbox"/>	Seat <input type="checkbox"/>	
	Standing platform <input type="checkbox"/>	Suspended <input type="checkbox"/>	Slide <input type="checkbox"/>	
Number of supports or units:		Maximum number of persons:		
Number of persons per support (adult and children) (if applicable):				
Minimum age (years) (if applicable):		Minimum rider height (cm) (if applicable):		
Maximum speed of patrons: (m/s)		Maximum acceleration (force): (g)		
Maximum revolving speed: (rpm)		Maximum height attained by patrons: (m)		
Operating power (select one):	Battery <input type="checkbox"/>	Electric <input type="checkbox"/>	Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>
	Electric-hydraulic <input type="checkbox"/>	Other (specify): <input type="checkbox"/>		
Is a pressure vessel used with the device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, does the pressure vessel require periodic internal inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

4.9a. Ropeway

Travel distances: (m)		Maximum heights (m):	
Number of compression tension towers:		Number of towers:	
Number of load/unload facilities:			

4.10. Concrete placing boom

Maximum boom length: (m)		Maximum delivery rate m ³ /hr:	
Maximum delivery pressure: (MPa)		Type:	Truck mounted <input type="checkbox"/> Fixed <input type="checkbox"/>

4.11 Prefabricated scaffolding

Rated load per bay (kg):		Maximum height which can be erected (m):	
Type (select one):	Modular <input type="checkbox"/>	Tower – Frame <input type="checkbox"/>	Frame type <input type="checkbox"/>
Design duty loading according to AS 1576 (select one):	Heavy <input type="checkbox"/>	Medium <input type="checkbox"/>	Light <input type="checkbox"/>
Material:	Steel <input type="checkbox"/>	Aluminium <input type="checkbox"/>	
Maximum number of planked platforms at the maximum work height (m):			
Maximum number of planked platforms that can be loaded at the same time at the maximum working height for Heavy or Medium or Light (duty loads):			

4.12. Boom-type elevating work platform

Maximum rated capacity: (kg)		Maximum number of persons in work platform:	
Maximum radius (from inner edge of work platform to axis of rotation) (m):			
Type:	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Maximum working height (m):
Maximum rated wind velocity for outdoor use (metres per second):		Maximum chassis inclination (degrees):	
Type:	Insulated (state voltage - kv) <input type="checkbox"/>		Non insulated <input type="checkbox"/>
Propulsion type (select one):	Self-propelled <input type="checkbox"/>	Pedestrian controlled <input type="checkbox"/>	Manually operated <input type="checkbox"/>
Type: (select one):	Vehicle mounted <input type="checkbox"/>	Self-propelled <input type="checkbox"/>	Trailer mounted <input type="checkbox"/>
	Other (specify): <input type="checkbox"/>		

4.13 Gantry crane with SWL>5 tonnes or bridge crane with SWL> 10 tonnes or gantry crane or bridge crane designed to handle molten metal or dangerous goods

Maximum rated capacity(t):		Maximum span of bridge: (m)	
Maximum height of bridge above ground(m):			
Control type (select one):	Cabin <input type="checkbox"/>	Pendant/Radio <input type="checkbox"/>	Wireless <input type="checkbox"/>
Number of hoists:		Hoists capacity (t) (fields for two):	
Hoisting speed (m/s):		Classification of crane:	

4.14. Vehicle hoist

Maximum rated capacity (kg):		Maximum working height (m):	
Maximum hoisting speed(m/s):			
Mast type:	Single <input type="checkbox"/>		Double <input type="checkbox"/>
Type of base (select one):	Fixed <input type="checkbox"/>	Trailer mounted <input type="checkbox"/>	Other <input type="checkbox"/>
Maximum vertical travel speed (m/s):		Maximum wind velocity in service (m/s):	

4.16. Mobile crane

Maximum rated capacity (t):		Work radius at maximum capacity (m):	
Maximum radius (m):		Type (select one):	Slewing <input type="checkbox"/> Non slewing <input type="checkbox"/>
Boom type (select one):	Fixed length <input type="checkbox"/>	Hydraulic extension <input type="checkbox"/>	Pin-jib (lattice) <input type="checkbox"/>
Type (select one):	Non luffing <input type="checkbox"/>	Luffing – Hydraulic <input type="checkbox"/>	Luffing – Winch <input type="checkbox"/>
Type (select one):	Truck <input type="checkbox"/>	Crawler <input type="checkbox"/>	

5. Designers statement/declaration

Details of technical standards and engineering principals used in the design (full title including number and year)			
Full title(s):			
Number:		Year:	
Number:		Year:	
Number:		Year:	
Number:		Year:	
I have complied with the designer's obligations under Section 22 of the <i>Work Health and Safety (National Uniform Legislation) Act</i> in respect to the design of the plant.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Designer located overseas			
Submission of a statement signed and dated by the designer that contains the same information as requested in the application form in respect to compliance with Section 22 of the <i>Work Health and Safety (National Uniform Legislation) Act</i> and details of technical standards used in the design and/or engineering principles used in the design. Statement is to be in or translated into English.			
I have attached the details requested above (if applicable)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Designer (print):			
Designer signature:		Date:	

6. Details of design verifier

Surname:		Given name/s:	
Work number:		Mobile number:	
Email address:			
Business address:			
Suburb:		State:	
		Postcode:	
Country (if outside Australia):			
Design verifier's employer - organisation details (if applicable):			
Business trading name:			
Employer address:			
Suburb:		State:	
		Postcode:	
Country (if outside Australia):			

7. Design verifier's statement/declaration

The design was produced in accordance with the published technical standards and/or engineering principles specified in the designer's statement. (select one)			
I was not involved in the design:			<input type="checkbox"/>
I was involved in the design:			<input type="checkbox"/>
Name of design verifier:			
Design verifier signature:		Date:	

8. Receiving registration

How do you wish to receive the registration?	Post <input type="checkbox"/>	Email <input type="checkbox"/>
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9. Applicant declaration

The information in this application 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 and the Commonwealth regarding any matter relevant to this application.
 I do not hold an equivalent registration with another State or Territory or the Commonwealth Work Health and Safety Regulator.

Applicant name:			
Applicant signature:		Date:	

Checklist

Representational drawings. Must be submitted in English and be capable of being kept in an electronic form.	<input type="checkbox"/>
Statement from plant designer, if located overseas. Must state details of the technical standards used in the design and/or the engineering principals used in the design and declaration that 'I have complied with the designer's obligations under Section 22 of the Work Health and Safety (National Uniform Legislation) Act in respect to the design of the plant,' dated and signed. The statement must be in English or translated into English.	<input type="checkbox"/>
Document outlining engineering principals used (if applicable).	<input type="checkbox"/>
Certified copies of qualifications of the design verifier.	<input type="checkbox"/>
Certificate of business registration (if applicant conducts the business or undertaking under a business name).	<input type="checkbox"/>

Privacy statement

The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled to the *Information Act*.

Lodgement

Completed applications can be lodged in person, email or via post at a Territory Business Centre below:		
Darwin	Darwin Corporate Park, Building 3, 631 Stuart Highway Berrimah NT.	
Katherine	Shop 1, Randazzo Building, 18 Katherine Terrace.	
Alice Springs	Ground floor, The Green Well building, 50 Bath Street.	
Tennant Creek	Shop 2, Barkly House, Cnr Davidson and Patterson Street.	
Phone: 1800 193 111	Email: territorybusinesscentre@nt.gov.au	Postal: GPO Box 9800, Darwin NT 0801

Payment details

Cash <input type="checkbox"/>	Cheque (Made out to Receiver of Territory Money) <input type="checkbox"/>	Credit card (Visa or MasterCard Only) <input type="checkbox"/>
Cardholder name:		
Card number:	Expiry:	
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of		\$
Signature of cardholder:	Date:	