NSW GOVERNMENT | WorkCover

ACU
March 2012

Application for the authorisation to use, handle or store prohibited and restricted carcinogens

The form is to be used to apply to WorkCover NSW for authorisation to use handle or store prohibited or restricted carcinogens at a workplace under the WHS Regulation.

The person conducting the business or undertaking (PCBU) at a workplace who intends to use handle or store prohibited or restricted carcinogens may apply for authorisation.

Prohibited carcinogens are listed in Schedule 10, Table 10.1, column 2 of the WHS Regulation.

Restricted carcinogens are listed in Schedule 10 , Table 10.2, column 2 of the WHS Regulation.

If the PCBU is going to use handle or store more than one carcinogen at the workplace they must provide the details of the supplier (section 3), details of the carcinogen (section 5) and a copy of the risk management procedure for each carcinogen for which authorisation is sought.

Fee

There is no fee for this application.

How to fill in this form

Please refer to the *Guide for applicants for authorisation to use, handle or store prohibited or restricted carcinogens* (catalogue no. WC03627) available on the WorkCover website before completing this application.

Please use **black** ink only and print within the boxes in BLOCK LETTERS.

Where options are provided, please mark box(es) with a ☒ to indicate selection(s).

Enquiries – **13 10 50**

Privacy compliance statement

This information is collected by WorkCover for the purposes of undertaking an evaluation, assessment and processing of an application for the authorisation to use handle or store a prohibited or restricted carcinogen under the WHS Regulation.

This information may also be used by WorkCover for the purposes of confirming applicant details, to establish and maintain a database and to assist WorkCover and its inspectorate with its work generally. It may also be provided to other State, Territory and the Commonwealth regulatory authorities.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual.

You may also apply to WorkCover to access and correct any information about yourself that WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

WORK SAFE HOME SAFE

1. APPLICATION TYPE

☐ New application ☐ Amendment

2. APPLICANT (PCBU) DETAILS

2.1 Details of individual PCBU or contact person for body corporate PCBU

Title

Family/Surname

Given name

Other names

Date of birth (DD/MM/YYYY)

/ /

Daytime contact number

Mobile number

Fax number

Email

Body corporate details

Registered name

Business registration (trading) name (if applicable)

ABN

- -

2.2 Street address for an individual or registered business address of a body corporate

Is the address the same as the body corporate address? ☐ Yes. Please go to section 2.3 ☐ No. Provide address details below.

Unit number/Street number

Street name

Suburb

State

Postcode

2.3 Postal address

Unit number/Street number or Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

3. DETAILS OF CARCINOGEN SUPPLIER (attach to this application, the details of the supplier for each carcinogen for which authorisation is sought)

3.1 Individual supplier details or contact person for body corporate supplier

Title

Family/Surname

Given name

Other names

Date of birth (DD/MM/YYYY)

/ /

Daytime contact number

Mobile number

Fax number

Email

3.2 Details of body corporate supplier

Registered name of the body corporate

Business registration (trading) name (if applicable)

ABN

- - -

3.3 Street address for an individual or registered business address of a body corporate

Unit number/Street number or Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

4. ADDRESS WHERE CARCINOGEN TO BE USED, HANDLED OR STORED

Same address as that provided in section 2.2? ☐ Yes. Please go to section 5 ☐ No. Provide address details below.

Unit number/Street number

Street name

Suburb

State

Postcode

5. DETAILS OF CARCINOGEN (attach to this application, the details of each carcinogen for which authorisation is sought)

Type of carcinogen ☐ Restricted carcinogen ☐ Prohibited carcinogen

Name of the carcinogen

Quantity of the carcinogen to be used handled or stored at the workplace each year

Purpose or activity for which the carcinogen will be used handled or stored

6. RISK MANAGEMENT PROCEDURES (attach to this application, a copy of the risk management procedure for each carcinogen for which authorisation is sought)

A copy of the risk management procedures for the use handling and storage of the carcinogen must be submitted with this application.

☐ I have submitted a copy of the risk management procedures.

7. DECLARATION

I, _____ (print name)
hereby declare:

- I have authority from the body corporate to complete and submit this application (body corporate applicants).
- The information in this application is true and correct to the best of my knowledge.
- I consent to WorkCover making enquiries and exchanging information with Work Health and Safety Regulators in other states, territories and/or the Commonwealth regarding any matter relevant to this application.

Signature

Date (DD/MM/YYYY) __ __ / __ __ / __ __ __ __

8. LODGING YOUR APPLICATION

Fax: (02) 9271 6451

Email: sssg.notifications@workcover.nsw.gov.au

Post: Chemicals Team, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252

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