

NOTIFICATION OF DEMOLITION WORK – APPLICATION

NA-01 AUGUST 2018

This form is used to notify of demolition work under the WHS Regulation.

How to fill in this form

Please refer to the *Guide for applicants for demolition licences and notifications* (catalogue no. SW08018) available on the SafeWork NSW website before completing this notification.

Please type directly into the form. When complete save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick where required.

Are you a Interstate licence holder

Did you know that you can submit a notification using the Online Notification System (ONS). Go to www.safework.nsw.gov.au for further information.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

Email (preferred): adu@safework.nsw.gov.au

Post: Asbestos & Demolition Unit, SafeWork NSW – PO Box 1291, Liverpool, NSW 1871

Email or post the application – do not send more than once.

Privacy compliance statement

The information is collected by SafeWork NSW for the purposes of undertaking an evaluation, assessment and processing of a notification of demolition work under the WHS Regulation.

This information may also be used by the Regulator for the purpose of confirming applicant details, to establish and maintain an external database and to assist the Regulator 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to the regulator to access and correct any information about yourself that is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

All fields marked with * are mandatory fields.

SECTION 1. NOTIFICATION

Mark one box only.

*Notification type

Demolition licence holder

Interstate demolition licence holder

Emergency services

SECTION 1.1 LICENCE HOLDER DETAILS

*Licence name

*ABN

*Daytime contact number

*Licence number

*Expiry date (DD/MM/YYYY)

*Email

*Class(es)

*Name of department of issue

*Registered business name

*State/territory or Commonwealth of issue

SECTION 1.2 NOTIFIER DETAILS

Same as licence holder details

*Title *Family/Surname *Daytime contact number

*Given name *Email

Other names

SECTION 2. WORK SITE OWNER/CLIENT DETAILS**SECTION 2.1 WORK SITE OWNER**

*Client type

Business Individual

SECTION 2.2 BUSINESS DETAILS

*Business name *ABN *Daytime contact number

SECTION 2.3 INDIVIDUAL DETAILS

Title Family/Surname Other names

Given name Daytime contact number

SECTION 2.4 NAME OF CONTACT PERSON (FOR BUSINESS)

Title Family/Surname Other names

Given name Daytime contact number

SECTION 3. SITE DETAILS

Site name

SITE ADDRESS (MUST NOT BE A PO BOX)*Unit number/Street number/Property number
(include Lot or DP number if applicable)

*Proposed start date of work (DD/MM/YYYY)

*Street name

*Proposed finish date of work (DD/MM/YYYY)

*Suburb

*Nature of the work to be done/supervised

*State *Postcode

Site telephone number (if available)

*Operating hours of site

This is a coal workplace or mining workplace

Yes No

SECTION 6. SAFE WORK METHOD STATEMENT

SECTION 6.1 RISK ASSESSMENT REVIEW

WORKING AT HEIGHTS

*Does the work being notified involve individuals working at heights?

Yes No

REVIEW UNDERTAKEN

*Has a review of the risk assessment been undertaken?

Yes. If yes please complete following section. No

REVIEWER DETAILS

*Name of individual/organisation who conducted the review

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

*Daytime contact number

*Street name

Email

*Suburb

*State

*Postcode

SECTION 7. DECLARATION

In order to submit the notification, you must read each of the points below and select the check box to acknowledge your acceptance.

I, _____ (print name)
hereby declare:

- The information contained in this notification is true and correct to the best of my knowledge.
- All employees have been trained in safe work methods appropriate to demolition work.
- It is an offence under the *Work Health and Safety Act 2011*, s268 for a person to make a statement that the person knows to be false and misleading.
- I am authorised to lodge this notification and make this declaration on behalf of the licence holder.
- Licence holders with employees must have current Workers Compensation Insurance when undertaking licensed work.
- I consent to SafeWork NSW 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 notification.

I agree to the terms and conditions as outlined above.

PERSONAL DETAILS

*Person making declaration

*Daytime contact number

*Position in company

*Signature

*Date (DD/MM/YYYY)