

# 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  $\square$  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to the regulator to access and correct any information about yourself that is inaccurate, incomplete, not relevant or out of date.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

\*Class(es) \*Name of department 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)

Street Harrie

\*Nature of the work to be done/supervised

\*Suburb

\*State \*Postcode

Site telephone number (if available)

\*Operating hours of site

This is a coal workplace or mining workplace

Yes No

# **SECTION 4. SUPERVISOR DETAILS I**

\*Title \*Family/Surname Date of birth (DD/MM/YYYY)

\*Given name \*Supervisor class(es)

Other names \*Daytime contact number

# **SECTION 5. TYPE OF WORK - DEMOLITION**

Demolition type

Demolition of structure/part of structure that is at least six metres in height

Demolition work involving load shifting machinery on a suspended floor

Demolition work involving the use of explosives

**Note:** If explosives are to be used, SafeWork NSW should receive your notification at least 21 calendar days prior to the proposed start date of work.

**Note:** For demolition work also involving asbestos removal a separate notification form *Notification of asbestos removal work - application* (catalogue no. SW08122) must also be lodged.

## **SECTION 5.1 TYPE OF STRUCTURE TO BE DEMOLISHED**

*Type of structure to be demolished	*Is a blast management plan available?
Type of structure to be demolished	is a biast management plan available:

Yes No

If yes, please indicate how the plan has been

submitted?

Email Post By hand

\*Machinery to be used in the demolition Is the valuation of the demolition work greater

than \$250,000

Yes. If yes please complete following section.

No

Is the principal contractor different to the

\*Will explosives be used in the demolition? demolition supervisor?

Yes. If yes please complete following section. Yes. If yes please complete following section.

No No

\*Explosives licence number Title Family/Surname

\*Explosives licence expiry date (DD/MM/YYYY) Given name

\*Explosives licence holder name Other names

\*Name of department of issue Daytime contact number

\*State/territory or Commonwealth of issue Email

# 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

Catalogue No. SW08116

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