

## AUTHORISATION TO USE, HANDLE OR STORE PROHIBITED AND RESTRICTED CARCINOGENS – APPLICATION

ACU JUNE 2023

The form is to be used to apply to SafeWork 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.

### 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. SW08449) available on the SafeWork NSW 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 tick ☒ to indicate selection(s).

### Assistance – 13 10 50

### Fees

There is no fee associated with this form.

### Lodgement instructions

**Email (preferred):** [chemicals@safework.nsw.gov.au](mailto:chemicals@safework.nsw.gov.au)

**Post:** Chemicals Team, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252

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

### Privacy compliance statement

This information is collected by SafeWork NSW (the Regulator) 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 the Regulator for the purposes 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.

## SECTION 1. TYPE OF APPLICATION

New application

Amendment

Reference number for previous authorisation letter

SECTION 2. APPLICANT (PCBU) DETAILS

SECTION 2.1 DETAILS OF PERSON RESPONSIBLE FOR CARCINOGEN

Title	Family/Surname	Date of birth (DD/MM/YYYY)	
Given name		Daytime contact number	Mobile number
Position title		Email	

SECTION 2.2 BODY CORPORATE DETAILS

Registered name	Registered business (trading) name (if applicable)
ABN	

SECTION 2.2 STREET ADDRESS FOR AN INDIVIDUAL OR REGISTERED BUSINESS ADDRESS OF A BODY CORPORATE

STREET ADDRESS (MUST NOT BE A PO BOX)		POSTAL ADDRESS		Same as street address
Unit number/Street number/Property number (include Lot or DP number if applicable)		Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)		
Street name		Street name		
Suburb		Suburb		
State	Postcode	State	Postcode	

SECTION 3. ADDRESS WHERE CARCINOGEN TO BE USED, HANDLED OR STORED

Same address as that provided in section 2.2

☐ Yes. Please go to section 4. ☐ No. Please provide address details below.

Unit number/Street number/Property number (include Lot or DP number if applicable)	Suburb	
Street name	State	Postcode

## SECTION 4. DETAILS OF CARCINOGEN

Attach to this application, the details of the supplier for each carcinogen for which authorisation is sought.

Type of carcinogen:

Restricted      Prohibited

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

How many workers could be exposed per year to the carcinogen through use, handling or storage

## SECTION 5. 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.

## SECTION 6. DETAILS OF CARCINOGEN SUPPLIER

Attach to this application, the details of the supplier for each carcinogen for which authorisation is sought.

### SECTION 6.1 INDIVIDUAL SUPPLIER DETAILS OR CONTACT PERSON FOR BODY CORPORATE SUPPLIER

Title	Family/Surname	Date of birth (DD/MM/YYYY)
Given name	Daytime contact number	Mobile number
Position title	Email	

Section 6 continued over...

**SECTION 6.2 DETAILS OF BODY CORPORATE SUPPLIER**

Registered name

Registered business (trading) name (if applicable)

ABN (for Australian businesses only)

**SECTION 6.3 STREET ADDRESS FOR AN INDIVIDUAL OR REGISTERED BUSINESS ADDRESS OF A BODY CORPORATE****STREET ADDRESS (MUST NOT BE A PO BOX)**Unit number/Street number/Property number  
(include Lot or DP number if applicable)**POSTAL ADDRESS**

Same as street address

Unit number/Street number/Property number  
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name

Street name

Suburb

Suburb

State

Postcode

State

Postcode

**SECTION 7. APPLICANT'S 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 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 application.

Applicant's signature

Date (DD/MM/YYYY)