

AN EXEMPTION UNDER THE WORK HEALTH AND SAFETY REGULATION 2017 – APPLICATION

OCTOBER 2016

This form is used to apply for a:

- general exemption
- exemption from holding a high risk work (HRW) licence
- exemption for a major hazard facility (MHF) or proposed MHF under the WHS Regulation.

Please read part 11.2 of the WHS Regulation and the *Guide for applicants for exemptions* (catalogue no. SW08349) when completing this application.

A decision to grant an exemption may include conditions and will apply for the period specified in the decision. Exceptions have no application outside NSW.

Once granted, an exemption can be amended or cancelled by SafeWork NSW. Written notice of a decision to amend or cancel an exemption will be sent to the applicant.

All documents attached to the application for exemption are retained by SafeWork NSW and will not be returned.

How to fill in this form

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.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

Email (preferred):

operational.practice@safework.nsw.gov.au

Post: Operational Practice, SafeWork NSW, Locked Bag 2906, Lisarow, NSW, 2252.

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

Privacy compliance statement

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and personal Information protection Act 1998* (PIPPA Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected by SafeWork NSW for the purposes of undertaking the evaluation, assessment and processing of an exemption under the WHS Regulation, and for the purpose of ensuring compliance with that legislation.

The Regulator may also use this information for the purposes of confirming applicant details and to establish and maintain external databases. The information may also be used to assist the SafeWork NSW inspectorate with their work generally and may also be made available to other NSW state government agencies, other state or territory training authorities or the Commonwealth, state or territory work health and safety regulatory authorities.

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

Applicants are able to gain access to personal information held by the Regulator pertaining to this application. You may also apply to access and correct any of your own personal information that is inaccurate, incomplete, not relevant or out of date. Applications must be made in writing to the Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

| AN EXEMPTION UNDER THE WORK HEALTH AND SAFETY REGULATION 2017 - APPLICATION OCTOBER 2016 | | | | |
|--|--|--|--|--|
| SECTION 1. TYPE OF EXEMPTION SECTION 1.1 | | | | |
| Mark one box only. | | | | |
| General exemption HRW exemption | Exemption for a MHF or proposed MHF | | | |
| SECTION 1.2 HOW LONG IS THE EXEMPTION BEIN | G SOUGHT FOR? | | | |
| | | | | |
| If the application is for a group or class or persons, attach to the application documentation stating the number of applicants and the details of each of those applicants. | | | | |
| SECTION 2.1 COMPLETE THIS SECTION IF THE APPLICANT IS A NATURAL PERSON (PLEASE REFER TO THE GUIDE FOR APPLICANTS FOR EXEMPTIONS (CATALOGUE NO. SW08349)) | | | | |
| Title Family/Surname | Registered business (trading) name (if applicable) | | | |
| Given name | Date of birth (DD/MM/YYYY) | | | |
| Other names | Daytime contact number Mobile number | | | |
| | Please go to section 2.3 | | | |
| SECTION 2.2 COMPLETE THIS SECTION IF THE APPLICANT IS NOT A NATURAL PERSON (PLEASE REFER TO THE <i>GUIDE FOR APPLICANTS FOR EXEMPTIONS</i> (CATALOGUE NO. SW08349)) | | | | |
| Registered name | Registered business (trading) name | | | |

ABN

CONTACT PERSON DETAILS Date of birth (DD/MM/YYYY) Title Family/Surname Given name

Daytime contact number Mobile number

Other names

Please go to section 2.3

SECTION 2.3 STREET ADDRESS (RESIDENTIAL ADDRESS IF APPLICANT IS A NATURAL PERSON AND REGISTERED BUSINESS ADDRESS IF APPLICANT IS NOT A NATURAL PERSON)

| 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. PREVIOUS EXEMPTION

Has an exemption been issued previously?

Yes (provide details) No. Please go to section 4.

SECTION 4. SCOPE OF EXEMPTION SOUGHT

Provide details of the specific regulation number(s) for which an exemption is sought.

SECTION 5. DESCRIPTION OF UNDERTAKING FOR WHICH AN EXEMPTION IS BEING SOUGHT

Provide a description of the process, substance activity or thing for which you are seeking an exemption under the regulation.

SECTION 6. REASON FOR SEEKING AN EXEMPTION

Include any exceptional circumstances that have created the need to seek the exemption.

SECTION 7. RISK ASSESSMENT

If the exemption relates to a thing (for example – item of plant), provide details or attach documentation that shows that if the exemption is granted an equivalent level of safety standards will be achieved to that which would be achieved by compliance with the specific regulations. Refer to the *Guide to applicants for exemptions* (catalogue no. SW08349).

SECTION 8. DETAILS OF THE WORKPLACE THAT WILL BE AFFECTED BY THE EXEMPTION

Mark one box only and provide details.

The workplace is located at:

Several workplaces (provide addresses or locations)

Unspecified locations throughout NSW (provide a description)

SECTION 9. FURTHER INFORMATION REQUIRED FOR AN APPLICATION FOR A GENERAL EXEMPTION

SECTION 9.1 DETAILS OF CONSULTATION THAT HAS BEEN CARRIED OUT IN RELATION TO THE PROPOSED EXEMPTION IN ACCORDANCE WITH DIVISIONS 1 AND 2 OF PART 5 OF THE WHS ACT

SECTION 10. FURTHER INFORMATION REQUIRED FOR AN APPLICATION FOR A HRW EXEMPTION

SECTION 10.1 DETAILS OF COMPETENCIES OF THE PERSON/CLASS OF PERSONS THAT EXCEED THOSE REQUIRED FOR THE HRW LICENCE FOR WHICH THE EXEMPTION IS BEING SOUGHT (PLEASE SUBMIT COPIES OF THE CERTIFICATES EVIDENCING THESE COMPETENCIES)

SECTION 10.2 DOCUMENTATION TO DEMONSTRATE THAT THE PLANT TO BE USED CAN BE MODIFIED TO REDUCE THE RISK ASSOCIATED WITH ITS OPERATION

Please go to section 12

SECTION 11. FURTHER INFORMATION REQUIRED FOR AN APPLICATION FOR AN EXEMPTION FOR A MHF OR PROPOSED MHF

Submit documentation that demonstrates that:

- One or more of the schedule 15 chemicals present or likely to be present will periodically exceed the threshold quantity because they are in intermediate temporary storage and are kept in containers with a capacity of no more than 500 kg.
- The operator of the facility is complying the WHS Act and Regulation.
- The facility has processes and procedures in place to keep the quantity of schedule 15 chemicals present or likely to be present below threshold quantities as often as practicable.
- Control measures have been implemented to minimise the risk of a major incident occurring.

I have attached the additional documentation required

SECTION 12. APPLICANT'S DECLARATION

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declare that:

- the information in this notification 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)

(print name)