

Application for increased validity period of a stationary container system compliance certificate

Under Regulation 17.92 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Section 2 of this application form is to be completed and signed by the compliance certifier

Email: hsapplications@worksafe.govt.nz

Post: WorkSafe New Zealand, Hazardous Substances Team, PO Box 165, Wellington 6140

1. Applicant details

Full legal name:

Trading name: (if different from above)

New Zealand Business Number (NZBN):

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Contact person

Name:

Work phone:

Mobile phone:

Email:

Applicant's Physical address:

Applicant's Postal address:

Same as above

Site for which the application applies

Physical address:

Description of stationary container systems covered by this application:

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2. Compliance certifier report

Compliance certifier name:

Application for increased validity period of a stationary container system compliance certificate: (attach a copy)

Statement to support extension application:

Compliance certifier signature

Signature:

Date: DD / MM / YEAR

3. Application costs and invoicing details

A fee as set out in Schedule 2 of the Regulations will be charged. You will be emailed an invoice for payment on receipt of your application. Payments should be made by internet banking into our Westpac Account Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Please provide your company email address for invoicing:

I certify that:

- I have the authority to make this application
- To the best of my knowledge, this application is complete and correct

Signature:

Capacity in which signed:

Print name:

Date: DD / MM / YEAR

4. Information required

Please complete the following three tables:

CONTAINER REF. NO.	SUBSTANCE(S) NAME	CLASSIFICATIONS	VOLUME	TYPE OF TANK*	Stationary Container System Compliance Certificate Expiry Date
					DD / MM / YEAR
					DD / MM / YEAR
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TABLE 1: Stationary containers systems covered by this application

* A/G | Above Ground H | Horizontal FG | Fibreglass DSK | Double Skin
 B/G | Below Ground S | Steel HDPE | High Density Polyethylene SC | Single Compartment
 V | Vertical SS | Stainless Steel SSD | Single Skin MC | Multiple Compartment

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Please complete for each bullet point.

REF	SYSTEM		EVIDENCE SOUGHT
T2.1	Does the location have a health and safety policy and associated procedures?	<input type="radio"/> Yes <input type="radio"/> No	Copy of relevant section of policy and procedures
T2.2	Is the health and safety system subject to an external audit: <ul style="list-style-type: none"> - ACC Workplace Safety Management Practices - Responsible Care New Zealand Prince Audit - International Safety Rating System Audit - other 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	Copy of latest audit report
T2.3	Is there a quality management system in place: <ul style="list-style-type: none"> - ISO 9001 - other equivalent audits 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	Copy of latest audit report
T2.4	Are there regular checks of: <ul style="list-style-type: none"> - tank, pipework and fittings integrity - monitoring of observation wells - electrical equipment in hazardous atmosphere zones - stock inventory - equipment used to handle hazardous substances (if applicable) - activities in hazardous atmosphere zones and within separation distances - other equivalent systems 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	Copy of latest check results
T2.5	Regulatory health monitoring: <ul style="list-style-type: none"> - needs assessment completed - carried out - up to date 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	Copy of latest assessment results
T2.6	Other systems in place	<input type="radio"/> Yes <input type="radio"/> No	List systems

TABLE 2: Management and monitoring systems

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Please complete for each bullet point.

REF		ACTION	DATE (if yes)	EVIDENCE SOUGHT
T3.1	Hazardous Substances and New Organisms Act In the last three years, have you been the subject of a: <ul style="list-style-type: none"> - Compliance order - Infringement offence - Offence 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR DD / MM / YEAR DD / MM / YEAR	Copy of any notices or orders made
T3.2	Health and Safety in Employment Act and Health and Safety at Work Act In the last three years, has the location been the subject of a: <ul style="list-style-type: none"> - Improvement notice - Prohibition notice - Infringement offence 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR DD / MM / YEAR DD / MM / YEAR	Copy of any notices made
T3.3	Resource Management Act In the last three years, has the location been the subject of a: <ul style="list-style-type: none"> - Compliance order - Abatement notice - Offence 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR DD / MM / YEAR DD / MM / YEAR	Copy of any notices or orders made
T3.4	Have any notifiable events been reported in the last three years? <ul style="list-style-type: none"> - Events that require reporting to WorkSafe New Zealand 	<input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR	Copies of any reports made to WorkSafe or enforcement agency
T3.5	Has an extension to the Stationary Container System Compliance Certificate been declined in the past? If so, on what grounds?	<input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR	Copies of applications made and letters of decline
T3.6	Any other relevant information	<input type="radio"/> Yes <input type="radio"/> No	DD / MM / YEAR	Details of the information

TABLE 3: Compliance history

5. Privacy statement

The personal information you provide with this form is collected and will be held and used by WorkSafe for assessing your application and in accordance with the purposes of the Health and Safety at Work (Hazardous Substances) Regulations 2017 and provisions of the Privacy Act 1993. Information you provide will only be disclosed as required or permitted at law.

The provision of information by you is voluntary but if you do not provide full information WorkSafe may not be able to progress your application. Under the Privacy Act 1993 you may request access to or correction of personal information about you.

For more information about WorkSafe's Privacy Statement and Policy, please refer to the WorkSafe website: worksafe.govt.nz