

Application for exemption from certain certificates for cylinders

Under Regulation 15.18 of the Health and Safety at Work (Hazardous Substances) Regulations 2017 and section 220 of the Health and Safety at Work Act 2015

Email: hsapplications@worksafe.govt.nz

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

1. Applicant (test station)

Test station name:

Contact name:

Work phone:

Mobile phone:

Email:

Reason for application (how did it get into New Zealand)

2. Application costs and invoicing details

A fee as set out in Schedule 2 of the Hazardous Substances 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.

Please provide the company name and address for invoicing:

Please provide the company email address for invoicing:

3. Authorisation

I state that:

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

Signature:

Print name:

Capacity in which signed:

Date: DD / MM / YEAR

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4. Cylinder details

DETAIL	STAMPED ON CYLINDER	CALCULATED
Manufacturer		
Inspection agency		
Design standard		
Serial number(s)		
Date of manufacture		
Gas of intended use		
Test pressure (bar)		
Working pressure (bar) or fill ratio		
Water Capacity (litres)		
Cylinder weight including fittings (kg)		
Outside diameter (mm)		
Height (mm)		
Neck Thread		
Cylinder owner: (full name)		

Note: This cylinder must be matched to a design on the gas cylinder record, not against another LABSP approval.