

Form 70

# Notification of a hazardous chemicals pipeline

V15.7.20

Work Health and Safety Act 2011

This is an approved form for compliance with Section 390 and 391 of the Work Health and Safety Regulation 2011 (WHS Regulation).

## Part A: Operator/owner/builders' details

<b>Part A1: Owner of a pipeline</b>			
The owner is the person conducting the business or undertaking who owns the pipeline, or is the intended owner of a pipeline under construction. The owner can be a person or a body corporate.			
Registered name:			
Trading as:	ABN:	ACN:	
<b>Owner's registered street address details</b>			
Registered business address for body corporate or street address for individual.			
Building property name:			
No:	Street name:	Street type:	
Suburb:	State:	Postcode:	
<b>Registered postal address details</b>			
Tick if same as registered address <input type="checkbox"/>			
Post office box:	Suburb:	State:	Postcode:
<b>Part A2: Operator of a pipeline</b>			
The Operator is the person conducting the business or undertaking of operating a pipeline, or is the intended operator of a pipeline under construction. The operator can be a person or a body corporate.			
Tick if same as owner <input type="checkbox"/>			
Registered name:			
Trading as:	ABN:	ACN:	
<b>Operator's registered street address details</b>			
Registered business address for body corporate or street address for individual.			
Building property name:			
No:	Street name:	Street type:	
Suburb:	State:	Postcode:	
<b>Registered postal address details</b>			
Tick if same as registered address <input type="checkbox"/>			
Post office box:	Suburb:	State:	Postcode:
<b>Part A3: Builder of pipeline details</b>			
Give details of the builder of a proposed pipeline or the re-laying of a pipeline or the repair, removal, decommissioning, closure or abandonment of part of the pipeline.			
Tick if same as owner <input type="checkbox"/>			
Registered name:			

Trading as:		ABN:
<b>Builder's registered street address details</b> Registered business address for body corporate or street address for individual.		
Building property name:		
No:	Street name:	Street type:
Suburb:	State:	Postcode:
<b>Registered postal address details</b> Tick if same as registered address <input type="checkbox"/>		
Post office box:	Suburb:	State: Postcode:
<b>Part A4: Supplier of schedule 11 chemicals details</b> Give details of the supplier of Schedule 11 chemicals. If there is more than one supplier, attach a list of suppliers.		
Registered name:		
Trading as:		ABN:
<b>Part A5: Receiver of schedule 11 chemicals details</b> Give details of the receiver of schedule 11 chemicals. If there is more than one receiver, attach a list of receivers.		
Registered name:		
Trading as:		ABN:
<b>Part A6: Reason for notification:</b> (Please tick as relevant)		
<input type="checkbox"/> Proposed pipeline or re-laying of a pipeline <input type="checkbox"/> Amendment to a notification of a proposed pipeline or re-laying of a pipeline <input type="checkbox"/> Repair <input type="checkbox"/> Removal <input type="checkbox"/> Commissioning <input type="checkbox"/> Decommissioning <input type="checkbox"/> Closure <input type="checkbox"/> Abandonment <input type="checkbox"/> Supplier of Schedule 11 hazardous chemicals <input type="checkbox"/> Receiver of Schedule 11 hazardous chemicals		

<b>Correct classification of the schedule 11 hazardous chemical</b> Give the classification of the hazardous chemical as specified in Schedule 11 of the WHS Regulation.	
Description of hazardous chemical (if insufficient space attach a list)	
Column 2:	Column 3:

**Name given to pipeline**

Give the common name used to refer to the pipeline and any branches (not mandatory).

**Part A7: Declaration operator/builder/owner**

(the person making the notification or amendment should sign this part of the form)

The information in this notification is true and correct to the best of my knowledge. For body corporate notifiers, I have authority from the body corporate to complete and submit this notification. I consent to Workplace Health and Safety Queensland making enquiries and exchanging information with WHS regulators in other states, territories or the commonwealth regarding any matter relevant to this notification.

Name:

Position:

Signature:

Date:

**Part A8: Declaration of competent person**

Required for the notification of a proposed pipeline or the re-laying of a pipeline, or the amendment of a notification of a proposed pipeline or re-laying of a pipeline or the notification of the repair, removal, decommissioning, closure abandonment of part of the pipeline

I certify that the pipeline is designed and will be constructed in accordance with AS2885 (pipeline for gas and liquid petroleum) or

Details of pipeline design specifications are attached.

Name:

Position:

Signature:

Date:

Qualification:

**Part A9: How to lodge this form**

Email the completed form (which meets the requirements of WHS Regulation Section 390 and 391) to:

**hicb@oir.qld.gov.au**

Or post the completed form to:  
Workplace Health and Safety Queensland  
Major Hazard Facilities  
PO Box 820  
LUTWYCHE QLD 4030

Or fax the completed form to:  
(07) 3811 6447

## Attachments

Check the following information is attached to this notification form

<b>Attachment 1 Pipeline details</b>
The pipeline details should include the following information: <input type="checkbox"/> Pipeline length <input type="checkbox"/> Diameter <input type="checkbox"/> Operating maximum pressure <input type="checkbox"/> Operating maximum flow <input type="checkbox"/> Date of commissioning (if existing pipeline) <input type="checkbox"/> Start Location (specify location with GPS or map co-ordinates ) <input type="checkbox"/> Finish Location (specify location with GPS or map co-ordinates) <input type="checkbox"/> Details of any branches in the pipeline
If the notification is an amendment, the amended details should be provided and attached in full where practical.
<b>Attachment 2 Map of pipeline</b>
<input type="checkbox"/> Include a map of the pipeline which shows in detail the complete length of the pipe. Include markings on the map where the pipeline crosses into public places. This includes pipelines which are under ground.
<b>Attachment 3 Procedures</b>
The builder of the pipeline must supply these when this work is being undertaken as required under section 390 of the WHS Regulation.
<input type="checkbox"/> Provide the intended procedures for the operation, maintenance, renewal and relaying of the pipeline where applicable.
<b>Attachment 4 Emergency plans</b>
The builder of the pipeline must supply these when this work is being undertaken as required under section 390 of the WHS Regulation.
<input type="checkbox"/> Provide a copy of the emergency plans or amended emergency response plans for the pipeline.

For Office Use Only	
Date received:	Folio no:
File ref. no/ Con no:	
Data entered by:	Date entered:
Data reviewed by:	Date reviewed:

**PRIVACY COLLECTION STATEMENT.** Workplace Health and Safety Queensland (WHSQ) is collecting your personal information in order to process your application notification of a hazardous chemical pipeline in accordance with the *Work Health and Safety Act 2011*. It is WHSQ's usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to your notification. The department may also disclose your notification status to employers or prospective employers and members of the public who wish to check this status. Further information on our privacy policy is available at [worksafe.qld.gov.au/Privacy.PN11245](https://worksafe.qld.gov.au/Privacy.PN11245)

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