

Form 8

Application for registration of registrable plant

V01.01.2019

Work Health and Safety Act 2011 and Work Health and Safety Regulation 2011

Who must register for registrable plant?

A person, body corporate, government agency, partnership or unincorporated association conducting a business or undertaking involving the management or control of an item of plant must apply to the regulator for the registration of registrable plant. An item of plant is not required to be registered under this part if the plant is registered under a corresponding work health and safety law. For further information regarding plant registration, please visit worksafe.qld.gov.au or contact us on 1300 362 128.

1. Person with management or control of item of plant (owner) details

Has plant been registered in Queensland before? No Yes, provide registration number
(P00XXXX, L00XXXX, W00XXXX)

Legal name of entity as stated on the Australian Business Register (<http://abr.business.gov.au/>)

ABN (ACN not accepted)

Tick this box if you do not have an ABN

Business name

Plant Owner's main business address in **Queensland**

Unit number / Street number / Street name

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tick this box if the postal address is the same as the above address

Australian postal address

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact person (person with management or control of the plant)

First name

Surname

<input type="text"/>	<input type="text"/>
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Telephone (including area code)

Fax number (including area code)

Mobile number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

2. Plant details

What is registrable plant?

Part 2 of Schedule 5 of the Work Health and Safety Regulation 2011 lists the items of plant that must be registered.

Please tick the correct plant type to be registered.

- Amusement device covered by section 2.1 of AS 3533.1 (Amusement Rides and Devices), except the following:
- Class 1 device
 - Playground structure
 - Waterslide where water facilitates patrons to slide easily, predominantly under gravity, along a static structure
 - Wave generator where patrons do not come into contact with the parts of machinery used for generating water waves
 - Inflatable device that are sealed
 - Inflatable device that do not use a non-return valve.

Rated capacity = class of amusement device (2-5)

- Boiler categorised as hazard level A, B or C according to criteria in section 2.1 of AS 4343:2005 (pressure equipment – hazard levels)
Rated capacity = surface area of the heating element in M² (meters squared)

- Building maintenance unit
Rated capacity = not applicable

- Passenger lift
Rated capacity = number of floors travelled

- Service/wheelchair lift
Rated capacity = not applicable

- Escalators/moving walkway
Rated capacity = not applicable

- Mobile crane with a rated capacity of greater than 10 tonnes
Rated capacity = tonnes. Note – a crane or hoist that is manually powered does not need to be registered.

- Pressure vessel categorised as hazard level A, B or C according to the criteria in section 2.1 of AS 4343 (pressure equipment – hazard levels), except:
- gas cylinders
 - LP gas fuel vessels for automotive use
 - serially produced vessels.
- Rated capacity = Volume of the vessel in m³ (metres cubed)**

- Tower cranes, including self-erecting tower cranes
Rated capacity = tonnes

- Concrete placement units with delivery booms
Rated capacity = not applicable

(*) Indicates mandatory field. ONE PLANT ITEM PER FORM. BLOCK LETTERS ONLY.

*Rated capacity (see above)

Your description of the plant item

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*Date first commissioned/registered (whichever earliest)

*Name of manufacturer

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*Date first manufactured

*Manufacturer's model number

*Manufacturer's serial number

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*Owner's plant ID (your identification/asset number/plant name)

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Location of plant in **Queensland**

*Unit Number / Street number / Street name

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*Suburb / locality

*State

*Postcode

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Plant mailing address

- Tick this box if the postal address is the same as the above address.
(Leave blank if owners mailing address is to be used)

Australian postal address	Suburb	State	Postcode

This information is mandatory for an application of an 'amusement device' plant type.

Name of competent person who inspected the amusement device:	Their contact phone number:	Date of most recent annual inspection (dd/mm/yyyy):

You must provide the details of the competent person who was responsible for inspecting and testing the amusement device in accordance with the declarations made on this application. Failure to complete this section for an amusement device may result in the withdrawal of the application.

3. Design registration details

(If you do not have the design registration details, please contact the manufacturer, importer or supplier of your plant item for this information).

*Design registration number	*State, Territory or Commonwealth that registered the design

4. Safe to operate statement for plant

Please note: records of the inspection and maintenance of registered plant are required to be kept available for inspection under Section 237 of the Work Health and Safety Regulation 2011.

- By checking this box you declare that:

This item of plant has been inspected and assessed as being safe to operate by a competent person in accordance with the following sections of the Work Health and Safety Regulation 2011:

- Section 213 – Maintenance and inspection of plant
- Section 235 – Major inspection of registered mobile cranes and tower cranes
- Section 240 – Maintenance, inspection and testing of amusement device
- Section 241 – Annual inspection of amusement device

5. Applicant's declaration

You are required to sign the following declaration.

I declare/acknowledge that:

- If this application is lodged within the month of January, the registration will be valid until 31 January the following year (S272A of Work Health and Safety Regulation 2011).
- An equivalent registration granted by a corresponding regulator under a corresponding work health and safety law is not held.
- The information supplied in this application is true and correct to the best of my knowledge.
- It is an offence under the *Work Health and Safety Act 2011* to provide false and misleading information in this application or in any documents submitted in support of this application.

I consent to Workplace Health and Safety Queensland making enquiries and exchanging information with work health and safety regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.

*Applicant's name (BLOCK LETTERS)	Applicant signature	Date (dd/mm/yyyy)

Privacy statement

Workplace Health and Safety Queensland is collecting your personal information in order to process your application for plant registration in accordance with the *Work Health and Safety Act 2011*. It is our 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 making a decision on your application. Our office may also disclose plant registration details to members of the public who wish to check registration status.

All pages of this application must be submitted

Email:
plantadmin@oir.qld.gov.au

Postal Address:
WHSQ Plant Admin
PO Box 820
Lutwyche QLD 4030

Applications may also be submitted online:
www.worksafe.qld.gov.au