FORM 14 1.10.2021

Suburb/locality

Work Health and Safety Regulation 2011

# Application for registration of plant design

#### Please complete a separate form for each design of plant

Guidelines for completing this form are also available online or by calling 1300 362 128.

1. Applicant details					_		
Is this a modification to an existing	design registration? (T	ick appr	opriate box) No	Ye	es		
If Yes, existing Queensland design	registration number						
Applicant (Full legal name of organisation for	example sole trader, parti	nership (	or corporation)				
Business/trading name/s If the organisation (above) is trusted	e for a trust, include the n	ame of t	rust here.				
ABN  Principal business address (should	be a Queensland addres	Owner	pplicant the <i>(mar</i> Designer  ot a PO box):	$\neg$	the following)	Importer	Supplier
Unit number / Street number / Stre	et name						
Suburb				State		Postcode	
Contact person							
Title			First given name				
Middle name (if applicable)			Family name/su	rname			
Telephone (including area code)	Fax number	(includi	ng area code)		Mobile numb	er	
Email							
Postal address (should be a Qu  Tick this box if the postal addre	ss is the same as the add	ress abo					
PO box number	GPO box number		Private bag nu	ımber	Lo	cked bag number	

State



Postcode

## 2. Declaration of the applicant (duly authorised representative)

I declare that:

- 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
- none of the information supplied by me in this application or in any documents attached to or submitted in support of this application is false or misleading
- in making this application I have not failed to provide any material information relating to the matters addressed above.
- I acknowledge that 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.

Name in full (Please Print)						
Signature				Date		
3. Details of plant						
Description of plant						
Name of manufacturer						
Manufacturer's model number						
Published technical standard(s) engineering principle(s) used for the design						
Representational drawing title						
Representational drawing numb	er					
Complete the subsection below t If you need assistance with the in				your design	verifier or the designer of the plant.	
3.1 Building maintenance uni	t					
Rated capacity (in kilograms)		Number of people	Number of people		Maximum working height (in metres)	
3.2 Concrete placement unit v	with delivery	boom				
Maximum delivery rate (in cubic metres per hour)	Boom lens	gth	Maximum flexible hos (in metres)	se length	Maximum concrete pumping pressure (in kilopascals or bar)	
3.3 Tower crane, mobile crane Complete the relevant fields for t	- •					
Maximum rated capacity (in tonnes or kilograms)	Maximum (in metres	boom length )	Maximum radius (in metres)		Maximum freestanding height (in metres)	
Load chart number	Auxiliary h	noist canacity (if fitted)	Maximum span		Maximum hook height	

(in metres)

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(in tonnes or kilograms)

above ground (in metres)

3.4 Boom-type elevating work p	platform
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3.4 Boom-type elevating work ${}_{\parallel}$	platform				
Maximum rated capacity (in kilograms)	Maximun (in metre	n boom length s)	Maximum radius (in metres)		Maximum working height (in metres)
Insulation rating	nsulation rating  Maximum chassis inclination (in degrees)  Maximum in-service wind sp (in metres/second)		rind speed	Maximum number of people in platform	
.5 Workbox designed to be su	spended f	rom a crane			
Maximum rated capacity (in kilograms)	Tare mas		Length X width of work (in metres)	kbox	Maximum number of people in box
3.6 Hoist with a platform move	ment exce	eding 2.4 metres, de	esigned to lift people		
Maximum rated capacity (in kilograms)	Maximun (in metre	n travel height s)	Maximum hoisting spe (in metres per second)		Number of people permitted on hoist
.7 Vehicle hoist					
Maximum rated capacity (in kilograms)	ed capacity Maximum lift height		Vehicle hoist type (e.g. two or four post, scissor)		Vehicle hoisting mechanism (e.g. hydraulic, cable or screw)
.8 Mast climbing work platfor	m				
Maximum rated capacity (in kilograms)	Maximum working height (in metres)		Maximum in-service wind speed (in metres per second)		Maximum vertical travel speed (in metres per second)
9 Lift					
Maximum rated load (in kilograms)	Number	of people	Maximum travel (in metres)		Maximum speed (in metres per second)
Control type		Car floor area (in square metres)		Number	 of levels served
ype (tick to select) Passenger 10 Escalator or moving walk	Good	ls Stairway	y/inclined Service		
Rated capacity (number of people per hour)	Speed (in metre	ed Angle of incli metres per second) (in degrees)			Travel length (in metres)
3.11 Prefabricated scaffold Complete the relevant fields for the	scaffold to	ha dacian ragistarad			
Duty	scaliola (0	Maximum height		Material	

#### 3.13 Pressure equipment and gas cylinder

Design Pressure	Test Pressure		Design temperature		Volume
(in kPa or MPa)	(in kPa or MPa)		(in degrees Celsius)		(in litres or cubic metres)
Hazard level		Rating (if applicable) (in kilowatts or kilogram	s per hour)	Material (	(for gas cylinders only)

#### 3.14 Amusement device

Class (under AS 3533)	Ride name	Minimum rider height (height that allows patrons to ride)
Fixed or mobile	Maximum speed of rider (in metres per second)	Maximum acceleration of rider (in g)

## OFFICE USE ONLY Confirmation of design registration

This is to advise that the above plant design has been registered in accordance with the Work Health and Safety Regulation 2011. Each unit of plant manufactured and supplied to this design should be permanently and legibly marked with the plant design registration number below.

Plant design registration number	Registered by	Date

## 4. Designer statement **Details of designer** First given name Other given name (if applicable) Family name/surname Organisation or company name **Address** Unit number / Street number / Street name Suburb State Postcode Tick this box if the postal address is the same as the address above PO box number: GPO box number: Private bag number: Locked bag number: Suburb: State: Postcode: **Details of plant Description of plant** Description of plant Name of manufacturer Manufacturer's model number Published technical standard(s) or engineering principle(s) used for the design

#### 5. Declaration of designer

Revision number or date

Representational drawing title

Representational drawing number

I declare that:

- I have complied with the designers duties under section 22 of the Work Health and Safety Act 2011 in respect to the design of the plant
- the design was produced in accordance with the technical standard(s) or engineering principle(s) listed above.

Name in full (please print)	
Signature	Date

## **Privacy statement**

Workplace Health and Safety Queensland is collecting your personal information in order to process your application for design registration of plant 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 only disclose information with the authority of the applicant or as allowed in section 263 of the Work Health and Safety Regulation 2011.

#### 6. Design verification statement

#### **Details of design verifier**

Title	First given name			
Other given name (if applicable)	Family name/surname			
Qualifications or design experience r	elevant to this design (include prof	essional association mem	bership if applical	ole)
Organisation or company name				
Were the designer and design verifie management system. (Tick appropri		n? If Yes, please provide a	copy of the certif	ication of the quality
Yes No If yes, provide ce	rtificate number and expiry date:			
Address				
Unit number / Street number / Street	name			
Suburb		State		Postcode
Did another person(s) assist with the o	design verification? If Yes, please p	provide additional copies o	f this page for ead	ch design verifier.
Details of plant				
Description of plant				
Name of manufacturer				
Manufacturer's model number				
Published technical standard(s) or engineering principle(s) used for the design				
Representational drawing title				
Representational drawing number Revision number or date				
7. Declaration of design verifier				
	r for the design of the plant dance with the technical standard(s sed to verify the design and the res		(s) listed by the d	esigner
Name in full (please print)				
Signature			Date	

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## **Checklist**

To avoid o	delays in processing your application and confirm that your form is completely ready for submission, use this checklist.
Section 1	1. Details of applicant
Is to	his a modification to an existing Queensland design registration? If YES, have you stated the design registration number on the m?
Hav	ve you completed all the fields in the applicant details section of the form?
Section 2	2. Declaration of registration holder or applicant
	eensland is the only State in which you have lodged an application for registration of plant design. If not and the plant design is istered elsewhere, the application cannot be processed.
Has	s the applicant signed the declaration on page 2 of the form?
Section 3	3. Details of plant
	we you completed all the fields for details of plant including the subsections for the particular item of plant? For example, if the polication is for a tower crane or mobile crane, complete the boxes in sections 3 and 3.3.
inte	ve you attached a representational drawing? Note: the drawing should comply with AS 1100 – Technical drawing or an equivalent ernational standard for technical drawing. The drawing should be an arrangement drawing where the item depicted is the end oduct and includes dimensions.
	ve you checked that the drawing number/s (including revision number/s) on the drawing/s provided are correct and match the wing number/s stated by the designer and the design verifier?
Section A	4. Designer statement
Has	s the designer completed all fields in section 4 of the form?
	5. Designer declaration
lles	s the deciman circulated the declaration?
	s the designer signed and dated the declaration?  6. Design verification statement
Section	b. Design vernication statement
L Has	s the design verifier completed all fields in section 6 of the form?
	s the design verifier documented the process used to verify the design? Note: this document is not required to be submitted with the olication but must be available if requested.
	more than one person participate in the design verification? If so, ensure a design verification statement has been provided by the person,
Section 7	7. Declaration of design verifier
Has	s the design verifier signed and dated the declaration?
	ve been able to tick all of the sections above you may proceed with your submission.
_	ng your application
	our completed notification to the Engineering Unit, WHSQ. It is preferred that the applications be lodged via email.
	signregistrationapplications@oir.qld.gov.au.
Application	ons can be accepted by post. Please contact the Engineering Unit on 1300 362 128 if you wish to post the application.

**Post:** Engineering Unit

Workplace Health and Safety Queensland

Office of Industrial Relations

PO Box 820

Lutwyche Qld 4030

Once the form has been completed and checked using the applicant's checklist, the application and supporting documents are to be submitted via email. If you have any queries or need assistance completing this form please email the Engineering Unit at the address above.

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### **Payment options**

Payment of the application fee must be made when lodging the application.

Two options of payment are available:

- 1. For credit card payments you will be sent a payment link from BPoint once your application has been submitted.
- 2. Cheques should be made payable to Office of Industrial Relations. Make sure that the information about the application is included by writing it on the back of the cheque or on a securely attached note:
- the applicant's name
- description of plant
- the model number (if possible).

Mail cheque to: Engineering Unit Workplace Health and Safety Queensland Office of Industrial Relations PO Box 820 Lutwyche Qld 4030

### What happens after I submit an application?

After receiving the application and payment has been receipted:

- 1. WHSQ will assess your application.
- 2. Each section of the application form is checked to ensure all information provided is complete. It is important that all applicants provide the correct information in the first instance as this will ensure the applications are processed without delay. The Regulation allows up to 120 days after receiving complete and correct applications to decide whether the registration is granted.
- 3. If any information is missing, the applicant will be contacted either by email or phone.
- 4. Once details are verified as complete the application will be registered.
- 5. A registration document will be returned to the applicant and a copy kept by WHSQ. The plant design registration number will be provided on the registration document which includes a registration confirmation section completed by an authorised officer of WHSQ. On receipt of the confirmed design registration, the applicant must provide the plant design registration number to anyone involved with the manufacture, importation or supply of the plant. Manufacturers, suppliers and importers are required to provide the plant design registration number to anyone who purchases the plant.
- 6. Following the registration of plant design, an owner is required to register specified items of plant before it is permitted to be used at the workplace.

#### **Review of decision**

A decision on an application for registration of plant design under section 256 or section 258 of the Work Health and Safety Regulation 2011 is a reviewable decision. For further information on review of decisions contact the WHSQ Infoline on 1300 362 128.

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1300 362 128