

## APPLICATION FOR REGISTRATION OF PLANT DESIGNEWORK SA HOIST WITH A PLATFORM MOVEMENT

## & MAST CLIMBING WORK PLATFORM NEW DESIGN AND ALTERATION OF A DESIGN

Work Health and Safety Act 2012 (SA) Work Health and Safety Regulations 2012 (SA) Enquiries 1300 365 255
Internet safework.sa.gov.au
Email licensing.safework@sa.gov.au
Post GPO Box 465, Adelaide SA 5001
ABN 50 560 588 327

For help to complete this form, please refer to the Guide For Applicants - For Plant Design Registration available at www.safework.sa.gov.au 1. FORM INSTRUCTIONS Technical standards may be used throughout this form to identify individual plant or set plant assessment criteria. Check that the plant design complies with these requirements before submitting this form to the regulator. 2. APPLICATION TYPE Please tick applicable box: **New Design** Alteration If "Alteration" please specify previous SA Registration or Approval Number: Please select one of the following: Person that designs an item of plant: Manufacturer Please tick one of the following: Designer Person with management or control of an item of plant at a workplace: Please tick one of the following: Manufacturer Importer Supplier 3. APPLICANT DETAILS Please tick if you reside outside of South Australia. Please also attach a supporting letter explaining circumstances to justify the grant of registration (Section 256 of the Work Health and Safety Regulations 2012 SA). ABN (Australian Business Number) ACN (Australian Company Number) Registered name of body corporate Business registration (trading) name Name of individual applicant or contact person for body corporate: Family Name Given Name(s) Title Address Details Postcode Postal Address (Please print 'AS ABOVE' if the same as above) Postcode Telephone No. Mobile No. Email

4. PLANT DESIGN INFORMATION

Month / Year of Design or Alteration

Name or description of Plant (including Plant type)

Model Number

5.	REPRESENTATION DRAWING INFORMAT	ION				
	(See Part 11 Supporting Documentation for more information)					
	Full Title(s)		Drawing Number(s)		Revision Number(s)	
			, , ,		, ,	
		=				
6.	HOIST WITH A PLATFORM MOVEMENT DE	ETAILS				
	Exceeding 2.4 metres, designed to lift peop	ple.			<u>_</u>	
	Maximum number of people	e permitte	d		Maximum rated capacity	/ (kg)
					Ī	
	Maximum working height (m	1)			Maximum hoisting spee	d (m/s)
7.	MAST CLIMBING WORK PLATFORM DETA	AILS				
		,			7	
	Maximum rated capacity (kg	<b>1</b> )			Maximum freestanding l	neight (m)
	Maximum working height (m	1)			Maximum vertical travel	speed (m/s)
	Maximum wind velocity (m/s	.)				
	Mast Type:	,,				
	Single Double					
	Type of Base:					
			l au			
	Fixed Trailer mounted		Other, please specify:			
8.	DESIGNER'S STATEMENT / DECLARATION	N				
	Please tick applicable box:					
Designer is located overseas: Please include a separate statement, signed and dated from the plant designer and must be						
	submitted with this application form. The statement must be in English or translated into English.  (See Part 11 Supporting Documentation)					
		•	e to provide a signed and	dated stateme	nt: A letter detailing steps	taken to
	The plant designer no longer exist or is unable to provide a signed and dated statement: A letter detailing steps taken to contact the designer and a declaration must be completed by the Importer.					
	(See Part 11 Supporting Documentation)					
	Business Name					
	Address Details					Postcode
	Telephone Em	nail			_	
				<b>-</b>		
	<b>Details of published technical standards used or referenced in the design:</b> The designer cannot claim compliance with a standard unless the design is fully compliant with the standard.					
	Please tick applicable box:					
	I used published technical standards.					
	I used engineering principles in the de		ease attach details to this	application form		
Ì	(See Part 11 Supporting Documentation	201				

8.	DESIGNER'S STATEMENT / DECLARATION (cont.)
	Full Title(s) Number(s) Year of Publication(s)
	Date when design was completed
	Qualification(s) of Designer
	addition(b) of Boolghor
	I have complied with the designer's obligations under Section 22 of the Work Health and Safety Act 2012 (SA) in respect to the design of the plant.
	Name of Designer Signature of Designer Date
9.	DETAILS OF DESIGN VERIFIER
	ABN (Australian Business Number)  ACN (Australian Company Number)
	Registered name of body corporate
	Business registration (trading) name
	Name of individual applicant or contact person for body corporate:
	Family Name Given Name(s) Title
	Address Details Postcode
	Postal Address (Please print 'AS ABOVE' if the same)  Postcode
	Telephone No. Mobile No.
	Email
	Qualification(s)
10.	DESIGN VERIFICATION STATEMENT
	Name or description of Plant (including Plant type)  Model Number
	Representational Drawings used in this design verification are listed in Part 5 on this form.
	Standards and/or engineering principles used in the design
	Full Title(s) Number(s) Year of Publication(s)

10.	DESIGN VERIFICATION STATEMENT (cont.)				
	Design verification standards / codes				
	Full Title(s)		Number(s)		Year of Publication(s)
	Design Calculations and/or other Documentation				
	Document Reference Number(s)		Document Reference Number(s	S)	
					=
	Description of Design Alteration (if applicable)				
		, .			
	Conditions imposed by Design Verifier (if any - e.g. des	ign criteria,	including design life)		1
Γ	Please confirm and tick applicable box:	ed under <b>Pa</b>	rt 5 were used by me in my desig	n verification	
I acknowledge drawings (number and revision) listed under <b>Part 5</b> were used by me in my design					
L	I have attached a separate design verification statement containing all the information required.  (See Part 11 Supporting Documentation)				
ſ	I declare that I was not involved in the production of				
_	technical standards and/or engineering principles	specified in t	he designer's statement and the	attached doc	uments.
Γ	I am eligible to be a design verifier for the design o	f the plant. I	have documented the process u	sed to verify t	the design and the
L	results of that process. I have assessed design to				
	Regulations 2012 (SA) Regulation 739)				
	Name of Design Verifier	Signature o	f Design Verifier	Date	
			·		
11.	SUPPORTING DOCUMENTATION				
	Please tick applicable box and attach relevant supporti		tation:		
	Representational drawings information (Part 5) - Must be submitted in the English language and co		ing kent in an electronic form an	d all informati	on of leaible size
	- Must be submitted in the English language and of	apable of be	ang kept in an electronic form an	a an imormati	on or legible size.
	Designer is located overseas (Part 8)				
	- Must include a statement with 'I have complied w. 2012 (SA) in respect to the design of the plant'; da			2 of the Work	Health and Safety Act
	- NOTE: The statement must be in English or trans	_			
	The plant designer no longer exist or is unable		ŭ	(Part 8)	
	- A letter detailing steps taken to contact the design				
	complied with the importer's duties under Section 2	24 of the Wo	rk Health and Safety Act 2012 (S	SA), with cons	ideration to the design
г	of the plant'.	Ω١.			
L		Engineering principles used in the design (Part 8)  · Must include a summary of hazards identified and the risk control methods to eliminate or minimise the risks as required under the			
	Work Health and Safety Act 2012 (SA).				, 22 2
	Design verification statement (Part 10)				
	- Must contain a description name and model of the plant design, design parameters, drawing number(s), any calculations and				
	assessment to approved codes of practice The verification must include a review of the design	gners staten	nent regarding the use of the des	ign standards	sor
	engineering principles, the design calculations an			.g., starrating	· <del>- ·</del>

## IMPORTANT INFORMATION There are serious consequences for providing misleading or false information about any matter relevant to your application. If you do not provide all of the information required, your application will be returned to you unprocessed. IDECLARE: I consent to SafeWork SA making enquiries and exchanging information with WHS regulators in other states, territories or the commonwealth regarding any matter relevant to this application. I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular. The design of this item of plant is not currently registered with another jurisdiction operating under WHS legislation or corresponding WHS law. Full Name of Applicant Signature of Applicant Date

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13. PAYMENT OPTIONS

## **TAX INVOICE - PAYMENT INFORMATION** APPLICATION FOR REGISTRATION OF PLANT DESIGN -HOIST WITH A PLATFORM MOVEMENT & MAST CLIMBING WORK PLATFORM **NEW DESIGN AND ALTERATION OF A DESIGN**

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SafeWork SA

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ABN

Applicant Name	
APPLICATION FEE DUE: \$145.00	(Fee current to 30 June 2024)
This fee is exempt from GST	
APPLY BY EMAIL:	APPLY BY POST:
Accepted payment type	Accepted payment types
1 - VISA or MasterCard (provide cardholder information below)	1 - VISA or MasterCard (provide cardholder information below)
<b>NOTE:</b> Once your application has been assessed, SafeWork SA will contact you for payment.	2 - Cheque or money order (made out to SafeWork SA)
Send all documents to licensing.safework@sa.gov.au (Total file size must be less than 20MB)	Send all documents to SafeWork SA Licensing Unit GPO Box 465 ADELAIDE SA 5001
Name of cardholder (or if business name)  Name of person authorised to approve payment (if different to Card Holder name)  Postal or email address for payer (receipts will be sent	Contact telephone number  Date  Int to this address)
	\$ ria email. Once your application has been assessed, SafeWork SA will
contact you for payment.	