

APPLICATION FOR REGISTRATION OF PLANT DESIGNWORK SA

NEW DESIGN AND ALTERATION OF A DESIGN

Work Health and Safety Act 2012 (SA) Work Health and Safety Regulations 2012 (SA) Regulation 243 'Plant design to be registered'
 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

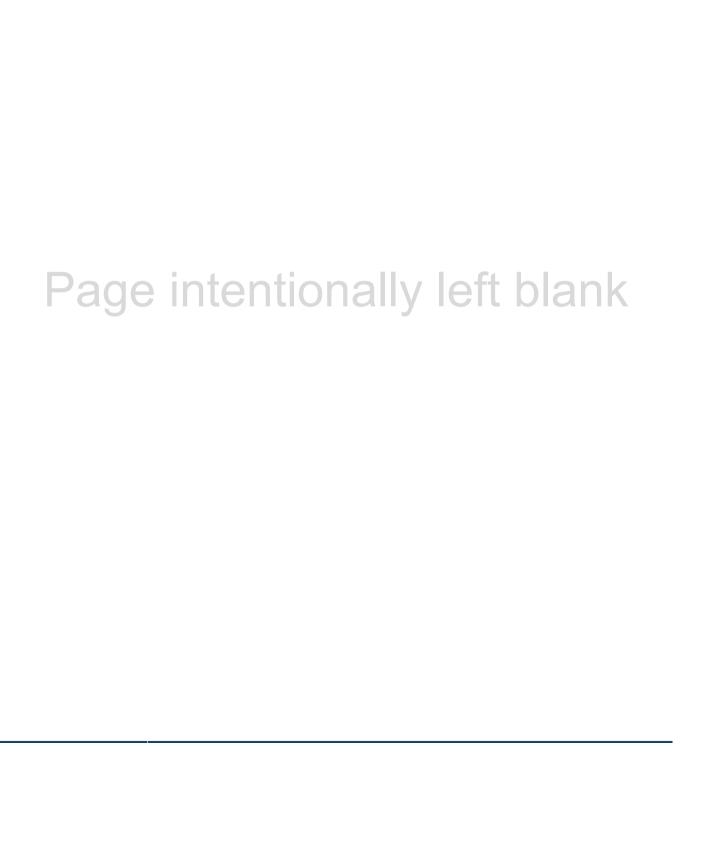
For help to complete this form, please refer to the Guide For Applicants - For Plant Design Registration available at www.safework.sa.gov.au 1. FORM INSTRUCTIONS Technical standards may be used throughout this form to identify individual plant or set plant assessment criteria. Check that the plant design 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 Owner 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 Name or description of Plant (including Plant type) Model Number Month / Year of Design or Alteration

5.	REPRESENTATION DRAWING INFORMATION		
	(See Part 10 Supporting Documentation for more	e information)	
	Full Title(s)	Drawing Number(s)	Revision Number(s)
6.	BOILER DETAILS Boilers categorised as Hazard Level A, B, C or D ac	coording to criteria in section 2.1 AS 4343	:2005 Pressure Equipment - Hazard
	Levels.	bording to chieffa in Section 2.1 Ac 4040	.2000 i ressure Equipment - mazard
	Please tick applicable box:		
	Hazard Levels (according to AS 4343)		
	\Box A \Box B \Box C	Пр	
	Class		
[
l	1		
	Design pressure (max kPa)	Volume (L)	
	/ Design temperature (min/max C)	Output (kW)	
	Type	ouput()	
ſ			
L	Water tube Fire tube Oth	ner, please specify:	
7.	DESIGNER'S STATEMENT / DECLARATION		
	Please tick applicable box:		
	Designer is located overseas: Please incl		
	be submitted with this application form. The (See Part 10 Supporting Documentation)		ed into English.
	The plant designer no longer exist or is a		statement: A letter detailing steps taken
	to contact the designer and a declaration m	ust be completed by the Importer.	3 1
	(See Part 10 Supporting Documentation)		
	Business Name		
	Address Details		Postcode
	Telephone Email		
	Details of published technical standards used or standard unless the design is fully compliant with the		er cannot claim compliance with a
	Please tick applicable box:		
	I used published technical standards. I used engineering principles in the design	qn: Please attach details to this applicati	on form.
	(See Part 10 Supporting Documentation)		
	Full Title(s)	Number(s)	Year of Publication(s)

7. DESIGNER'S STATEMENT / DECLARATION (cor	nt.)	
Date when design was completed		
Qualification(s) of Designer		
I have complied with the designer's obligations the design of the plant.	under Section 22 of the Work Health and Safety Act 2012 (SA)	in respect to
Name of Designer	Signature of Designer Date	
8. DETAILS OF DESIGN VERIFIER		
ABN (Australian Business Number)	ACN (Australian Company Number)	
ADIV (Australian Dusiness Number)	ACN (Australian Company Number)	
Pagistared name of body cornerate		
Registered name of body corporate		
Puoinose registration (trading)		
Business registration (trading) name		
Name of individual annih and an annih at manage for h	adv samanata.	
Name of individual applicant or contact person for be Family Name		Title
railily Name	Given Name(s)	Title
Address details		Destands
Address details		Postcode
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Postal Address (Please print 'AS ABOVE' if the same)		Postcode
Talanhana Na	Madella Nic	
Telephone No.	Mobile No.	
Email Address		
Qualification(s)		
9. 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		
Full Title(s)	-	of Publication(s)
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9.	DESIGN VERIFICATION STATEMENT (cont.)		
	Design verification standards / codes		
	Full Title(s)	Number(s)	Year of Publication(s)
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	Desire Oslandstiens and densitien Desire and the Company		
	Design Calculations and/or other Documentation		
	Document Reference Number(s)	Document Reference Number(s)
	Description of Design Alteration (if applicable)		
	Conditions imposed by Design Verifier (if any - e.g. design criteri	a. including design life)	
		, <i>,</i>	
	Please confirm and tick applicable box:		
	I acknowledge drawings (number and revision) listed under I	Part 5 were used by me in my des	sign verification.
	I have attached a separate design verification statement cor	taining all the information require	d.
	(See Part 10 Supporting Documentation)		
	I declare that I was not involved in the production of this des	ign; and that the design was prod	uced in accordance with the
	published technical standards and/or engineering principles	specified in the designer's statem	ent and the attached documents.
	I am eligible to be a design verifier for the design of the plan	t. I have documented the process	used to verify the design and the
- 1	results of that process. I have assessed design to the appro		
	Regulations 2012 (SA) Regulation 739)		
			_
	Name of Design Verifier Signature of Signatu	f Design Verifier	Date
10.	SUPPORTING DOCUMENTATION		
	Please tick applicable box and attach relevant supporting docum	entation:	
	Representational drawings (Part 5)		
	- Must be submitted in the English language, capable of beir	ng kept in an electronic form and a	all information of legible size.
	Designer is located overseas (Part 7)	oignar'a abligations under Saction	22 of the Work Health and Safaty
	- Must include a statement with 'I have complied with the de- Act 2012 (SA) in respect to the design of the plant'; dated a		22 of the Work Health and Salety
	- NOTE: The statement must be in English or translated into		
-	The plant designer no longer exist or is unable to provide		t (Part 7)
- 1	- A letter detailing steps taken to contact the designer and th		
	complied with the importer's duties under Section 24 of the V	Nork Health and Safety Act 2012	(SA), with consideration to the
	design of the plant'.		
	Engineering principles used in the design (Part 7)		
	- Must include a summary of hazards identified and the risk	control methods to eliminate or m	ınımıse the risks as required under
	the Work Health and Safety Act 2012 (SA). Design verification statement (Part 9)		
	- Must contain a description name and model of the plant de	sign design parameters drawing	number(s) any calculations and
	assessment to approved codes of practice.	eigii, deeigii paidilleteis, didwilly	Trainisor(o), arry calculations and
	The verification must include a review of the designers state.	ement regarding the use of the de	esign standards or
	engineering principles, the design calculations and any test		

11. DECLARATION				
IMPORTANT IN	FORMATION			
		ng or false information about any matte		on.
- If you do not pro	vide all of the information required, you	ır application will be returned to you unp	rocessed.	
regarding any mat - I declare that, to particular.	ter relevant to this application. the best of my knowledge, the informa	nging information with WHS regulators tion provided in this application and sup ed with another jurisdiction operating un	pporting documentation is t	rue and correct in every
Full Name of Ap	plicant	Signature of Applicant]	Date
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TAX INVOICE - PAYMENT INFORMATION APPLICATION FOR REGISTRATION OF PLANT DESIGN -BOILER

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Post	GPO BOX 465, A
ARN	50 560 588 327

PPLICATION FEE DUE:	\$145.00	(Fee current to 30 June 2024)
PPLY BY EMAIL:		APPLY BY POST:
Accepted payment type		Accepted payment types
1 - VISA or MasterCard (provide cardholder information b	elow)	1 - VISA or MasterCard (provide cardholder information below)
NOTE: Once your application SafeWork SA will contact you		2 - Cheque or money order (made out to SafeWork SA)
Send all documents to		Send all documents to
licensing.safework@sa.go	v.au	SafeWork SA
(Total file size must be less th	nan 20MB)	Licensing Unit GPO Box 465 ADELAIDE SA 5001
		Signature of Card Holder
f different to Card Holder nam	ne)	Contact telephone number Date e sent to this address)
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