

**Please read information sheet "Obtaining Dangerous Goods Tank Design Approval" prior to completing this form**

**1. APPLICANT DETAILS**

Family Name <input type="text"/>	Given Name(s) <input type="text"/>	Title <input type="text"/>
Name of Business Entity <input type="text"/>		

**2. TANK VEHICLE MANUFACTURER**

Manufacturer Name <input type="text"/>		
Address <input type="text"/>		Postcode <input type="text"/>
Telephone <input type="text"/>	Mobile <input type="text"/>	Facsimile <input type="text"/>
Email Address <input type="text"/>		
Contact Person Name <input type="text"/>		

**3. TANK VEHICLE DESIGN DETAILS**

**Design (please tick box):**  
 New     Existing    Dangerous Goods Design Approval No :   
Existing Design Number

**Tank Vehicle Design Approved Interstate:**  
 Yes     No    If yes, please specify state:

**Please attach design approval document (tick box if attached)**

Tank Capacity <input type="text"/>	Tank Material <input type="text"/>	Predetermined Tank life or Tank Service Life <input type="text"/>
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**4. EVIDENCE OF OTHER APPROVALS OR STANDARDS**

**If the tank is also a pressure vessel, please attach evidence (tick box if attached)**  
(e.g. in the case of a LP Gas tank, documentation showing the vessel is compliant with current AS1210: Pressure Vessels)

Please provide the relevant Pressure Vessel Design Registration Number

**5. DESCRIPTION OF THE DANGEROUS GOODS**

Name of all dangerous goods to be carried in the tank <input type="text"/>	Classes/Divisions and UN numbers of dangerous goods <input type="text"/>	
Chemical properties (e.g. toxicity, reactivity, corrosively, stability and any subsidiary risks) <input type="text"/>		
Vapour Pressure @ 46°C <input type="text"/>	Vapour Pressure @ 50°C <input type="text"/>	Vapour Pressure @ 65°C <input type="text"/>

**5. DESCRIPTION OF THE DANGEROUS GOODS (CONTINUED)**

Flashpoint

Boiling Point

Melting Point

Density

Molecular Mass

Specific heat @ constant volume

Specific heat @ constant pressure

Latent heat of vapourisation @ 20% above relief pressure

Gas compressibility factor @ 20% above relief pressure

Absolute temperature of the vapour at discharging pressure relief device @ 20% above relief pressure

**6. SUPPORTING DOCUMENTATION**

Please tick box if you have attached the required documentations:

**A) Tank Vehicle Design Compliance Assessment**

Please attach an engineer's verification report containing tank design information, calculations and testing .

The report must demonstrate that the design of the tank and vehicle meets the requirements of the ADG Code and AS 2809 (clause by clause).

**B) Technical Data & Drawings**

Please submit the following information.

- Design drawings of the tank and vehicle showing the means by which the tank is to form part of, or be attached to the vehicle.
- Design drawings of the dangerous goods compliance plate showing the required marking information in accordance with section 6.9.2.2.3 of the ADG Code.
- Materials and welding specifications.
- Technical specifications for any pumps, valves, pressure relief devices and auxiliary equipment that are fitted or form part of the tank vehicle.
- Tank vehicle safe operating manual and/or procedures.
- For a composite tank, please include the manufacturer's chemical resistance table (i.e.. listing all compatible chemical substances).

## 7. DECLARATION

### IMPORTANT INFORMATION:

**Must be signed by an engineer who is eligible to be admitted to the Institution of Engineers, Australia membership**

I certify that I have assessed the design and find that it is in accordance with the requirements of the ADG Code and the following Standards:

Standards (include the relevant parts and edition used)


Specify any design conditions or exclusions from the Standard or ADG Code made in your assessment


Date of Assessment

	/		/	
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Name of Assessing Engineer

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Signature

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Engineer's Contact Details

Address

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Postcode

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Telephone Number

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### IMPORTANT INFORMATION:

- Attach this form and all supporting documentation to the Application for Approvals Form (DGAPP0).

- SafeWork SA may request additional information that is necessary for the proper consideration of this application.

**I declare that:**

*I declare to the best of my knowledge, that the information provided in this application and documents supporting this application is true and correct.*

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Name of Applicant

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Date

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Signature of Applicant

## 9. ENQUIRIES AND CONTACT DETAILS

For further enquiries on your submission please contact:

**The CHEM Team**

**Telephone:** 8226 4885

**Email:** [Chem.safework@sa.gov.au](mailto:Chem.safework@sa.gov.au)