

## Application for approval of a type of dispenser for retail sale

Under Regulation 17.48 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

**Email:** [hsapplications@worksafe.govt.nz](mailto:hsapplications@worksafe.govt.nz) **Post:** WorkSafe New Zealand, Certifications, Approvals and Registrations, PO Box 165, Wellington 6140

### 1. Applicant details

Full legal name:

Trading name: (if different from above)

New Zealand Business Number (NZBN):

Name of contact person:

Work phone:

Mobile phone:

Email:

Applicant's physical address:

Applicant's Postal address:  Same as above

### 2. Dispenser details

Dispenser brand:

Dispenser model number:

Manufacturer:

Country of manufacture:

The substances the dispenser is intended to be used for:

# Application for approval of a type of dispenser for retail sale

## Information required for a new type of dispenser

WorkSafe New Zealand requires information demonstrating that the criteria for approval are met. This information must be English (or the applicant must arrange at their expense for an accurate translation of all necessary documentation) and attached to the application.

### Notes:

1. Product sales catalogues on their own are of limited value in an approval process as they do not normally contain anything other than performance data.

ITEM	INFORMATION REQUIREMENT	EVIDENCE SOUGHT	CHECKLIST
1.1	Design standard the dispenser type complies with	The design standard for dispensers is: AS/NZS2229.2004. Alternatively advise a design standard considered to provide an equivalent level of safety.	<input type="checkbox"/>
1.2	Full details concerning the manufacturer	Name, address, location of manufacturing facility, country of origin, credentials for the manufacturing of dispensers.	<input type="checkbox"/>
1.3	Evidence of manufacturer's capability	Certification from a recognised international underwriting body that has audited the manufacturer's QA/QC systems.	<input type="checkbox"/>
1.4	Full descriptions of all brand names	The model numbers of the type of dispenser to be approved.	<input type="checkbox"/>
1.5	Manufacturer's drawings and specifications	Copies of design drawings and specifications. Copies of product datasheets.	<input type="checkbox"/> <input type="checkbox"/>
1.6	The method of operation	Detailed description and/or schematic diagrams detailing the dispenser's operation.	<input type="checkbox"/>
1.7	Substances dispenser designed for	Details of the fuels the dispenser is intended to dispense.	<input type="checkbox"/>
1.8	A detailed test report specifying compliance with the standard to which the dispenser is designed	A detailed report from a test laboratory accredited for the tests required by the design standard. Alternatively a certificate of compliance from a recognised testing agency may be acceptable, but will only be considered if a full report is unavailable.	<input type="checkbox"/> <input type="checkbox"/>
1.9	Overseas approvals	Evidence (where available) of acceptance by regulatory bodies elsewhere.	<input type="checkbox"/>
1.10	Safety mechanisms and cut-offs	Provide evidence that these items are integrated into the design.	<input type="checkbox"/>
1.11	Operating instructions for the dispenser	Provide a copy of the operating instructions in English for the New Zealand version of the dispenser.	<input type="checkbox"/>

## 3. Application costs and invoicing details

A fee as set out in Schedule 2 of the Regulations will be charged. You will be emailed an invoice for payment upon receipt of your application. Payments should be made by internet banking into our Westpac Account Number 03 0251 0040445 00 following receipt of an invoice from WorkSafe. Overseas applicants are required to pay all associated bank fees.

Please provide your company email address for invoicing:

I certify that:

- I have the authority to make this application
- To the best of my knowledge, this application is complete and correct

Signature:

Print name:

Capacity in which signed:

Date: DD / MM / YEAR