

Application to increase capacity of stationary tanks within a secondary containment system

Under Regulation 17.103(1) of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Email: hsapplications@worksafe.govt.nz

Post: WorkSafe New Zealand, Hazardous Substances Team, PO Box 165, Wellington 6140

1. Applicant details

Full legal name:

Trading name: (if different from above)

New Zealand Business Number (NZBN):

Contact person

Name:

Work phone:

Mobile phone:

Email:

Applicant's physical address:

Applicant's postal address:

Same as above

Site for which the application applies

Physical address:

Brief description of the secondary containment system:

Reasons for needing to increase capacity of stationary tanks in the secondary containment system:

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2. Supporting details

Details of secondary containment system

Copy this table to cover each secondary containment system included in this application.

<p>Total capacity of tanks in the secondary containment system:</p> <hr/> <p>Capacity of the secondary containment system:</p> 	<p>Method of construction:</p> <p> <input type="radio"/> Concrete <input type="radio"/> Earth <input type="radio"/> Clay <input type="radio"/> Steel <input type="radio"/> HDPE Lined </p> <p>Other construction: (specify)</p> <p>Date of installation:</p> <p>DD / MM / YEAR <input type="radio"/> Documented <input type="radio"/> Estimated</p>
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Details of stationary tanks contained in the secondary containment system

Copy this table as required to include all tanks that are in this secondary containment system.

	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5
Container reference number					
Tank type:					
Vertical (V)					
Horizontal (H)					
Above ground (A/G)					
Below ground (B/G)					
Viscosity of substance					
Hazard classification					
Container gross capacity					
Installation date					
Details of overfill protection					
Frequency of stock reconciliation					
Design standard of the tank					

Supporting information

REGULATORY REQUIREMENT	COMMENTARY
Means available to prevent unintended ignition and to control effects of unintended ignition of hazardous substances	
Any other supporting information (please include a layout plan)	

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3. Application costs and invoicing details

A fee as set out in schedule 2 of the regulations, applies to this application. 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

4. Privacy statement

The personal information you provide with this form is collected and will be held and used by WorkSafe for assessing your application and in accordance with the purposes of the Health and Safety at Work (Hazardous Substances) Regulations 2017 and provisions of the Privacy Act 1993. Information you provide will only be disclosed as required or permitted at law.

The provision of information by you is voluntary but if you do not provide full information WorkSafe may not be able to progress your application. Under the Privacy Act 1993 you may request access to or correction of personal information about you.

For more information about WorkSafe's Privacy Statement and Policy, please refer to the WorkSafe website: worksafe.govt.nz