

Application for exemption from separation distance and/or other matters

Under Regulation 11.40 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Section 3 of this application form is to be completed and signed by the compliance certifier

Email: 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):

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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 hazardous substances, location and the activities of the site:

Application for exemption from separation distance and/or other matters

Reason for the application

Your assessment of the risks:

2. Supporting details

1. The quantities/container sizes and location of the flammable substances relevant to this application and other hazardous substances located at the premises: (please attach a table)
2. The type, capacity and location of fire fighting facilities at the location and adjoining on site facilities: (please attach a copy of current certification for sprinkler systems)
3. The separation distances from the hazardous substance location to site boundaries and adjacent facilities: (please also mark on a site plan)
4. The fire-resistance rating of the structures that contain or are adjacent to the flammable substances relevant to this application: (walls, floor, roof, ceiling, windows and doors)
5. If this application applies to stationary tanks, details of the design and construction of the tanks(s):
6. Other mitigating features: (eg ventilation and vapour monitoring)
7. Agreements with neighbours: (as per Regulation 9)
8. Details on nature of adjacent on site facilities including offices:
9. Details of staff numbers and training at the hazardous substance location and in adjacent on site facilities:
10. List supporting attachments: (site plans, drawings, certificates, reports, photos etc)

3. Compliance certifier details

Compliance certifier name:

Approval number:

Inspection date: DD / MM / YEAR

Compliance certifier report

(including an assessment of the risks)

Signature of compliance certifier:

Date: DD / MM / YEAR

Application for exemption from separation distance and/or other matters

Checklist of information included in your application

INFORMATION	
1. The reasons for the application	<input type="radio"/> Yes <input type="radio"/> No
2. Facility containing the flammable substances:	
- a stationary tank	<input type="radio"/> Yes <input type="radio"/> No
- cylinders	<input type="radio"/> Yes <input type="radio"/> No
- a building	<input type="radio"/> Yes <input type="radio"/> No
- a room	<input type="radio"/> Yes <input type="radio"/> No
- other	<input type="radio"/> Yes <input type="radio"/> No
3. Sizes and types of container	<input type="radio"/> Yes <input type="radio"/> No
4. Quantities and locations of flammable substances	<input type="radio"/> Yes <input type="radio"/> No
Quantities and locations of other hazardous substances at the site	<input type="radio"/> Yes <input type="radio"/> No
5. A site plan	<input type="radio"/> Yes <input type="radio"/> No
6. Photos identified by direction of view	<input type="radio"/> Yes <input type="radio"/> No
7. The direction of each reduced separation being sought	<input type="radio"/> Yes <input type="radio"/> No
The percentage reduction in each separation distance	<input type="radio"/> Yes <input type="radio"/> No
8. The variation of matters sought:	
- variation in the roof type	<input type="radio"/> Yes <input type="radio"/> No
- variation of wall construction	<input type="radio"/> Yes <input type="radio"/> No
- variation of doors/windows	<input type="radio"/> Yes <input type="radio"/> No
- other variations	<input type="radio"/> Yes <input type="radio"/> No
9. Does your flammable substance location meet:	
- AS/NZS 1596 Section	<input type="radio"/> Yes <input type="radio"/> No
- AS/NZS 1940 Section	<input type="radio"/> Yes <input type="radio"/> No
10. Was the location in its present form approved under the Dangerous Goods legislation?	<input type="radio"/> Yes <input type="radio"/> No
11. The adjoining and neighbouring occupancies, properties, roads and car parks are identified	<input type="radio"/> Yes <input type="radio"/> No
12. The protection from fire of neighbouring properties and adjacent occupancies	<input type="radio"/> Yes <input type="radio"/> No
13. The building's features:	
- fire cells/internal fire-rated separation	<input type="radio"/> Yes <input type="radio"/> No
- parapet walls	<input type="radio"/> Yes <input type="radio"/> No
- perimeter and intervening fire-rated walls	<input type="radio"/> Yes <input type="radio"/> No
- fire-rated doors	<input type="radio"/> Yes <input type="radio"/> No
- fire-rated windows	<input type="radio"/> Yes <input type="radio"/> No
- ventilation	<input type="radio"/> Yes <input type="radio"/> No
- the type of building (single or multi-stories)	<input type="radio"/> Yes <input type="radio"/> No
- the construction of fire-rated or fire-resistant walls	<input type="radio"/> Yes <input type="radio"/> No
- the height of intervening walls	<input type="radio"/> Yes <input type="radio"/> No
- the extent of intervening walls	<input type="radio"/> Yes <input type="radio"/> No
- the separation of intervening walls from a tank holding flammable substances	<input type="radio"/> Yes <input type="radio"/> No
14. Agreements established with neighbours (as per Regulation 9)	<input type="radio"/> Yes <input type="radio"/> No

4. 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 on 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