

Annual sodium fluoroacetate (1080) notification

Under regulation 13.5 or 18.7 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

This form is for the annual notification of sodium fluoroacetate (1080) (Chemical Abstracts Service registry number 62-74-8, HSNO approval number HSR002771) present in a workplace, for the period 1 January to 31 December 2025. The form must be submitted by 31 March 2026.

Formulated substances containing sodium fluoroacetate (1080) are not required to be notified to WorkSafe.

The notification form may be completed manually or electronically.

Email: hsapplications@worksafe.govt.nz

1. Period of notification

Calendar year:

1 January 2025 to 31 December 2025

2. Notifier details

Name of PCBU: (one person/entity only)

Physical address of PCBU where the 1080 is being held:
(include postcode)

Name of person completing this form:

Position/job title of person completing this form:

Mobile phone:

Work phone:

Email:

3. Person in charge at the workplace

Name of person in charge:

Position/job title of person in charge:

Work phone:

Email:

4. Regulatory information

Do you operate as a laboratory in accordance with Part 18 of the Health and Safety At Work (Hazardous Substances) Regulations 2017?

Yes

No

If yes, go to Section 5. If no, complete sections 4a and 4b.

a. Controlled substance licence (CSL)

(complete for each person who holds a CSL for 1080)

CSL holder details

CSL holder name:

CSL number:

CSL expiration date: DD / MM / YEAR

Work phone:

Email:

CSL holder details

CSL holder name:

CSL number:

CSL expiration date: DD / MM / YEAR

Work phone:

Email:

b. Location compliance certificate (LCC)

Does the site where the 1080 is held hold a location compliance certificate?

Yes

No

If yes, complete LCC information below. If no, go to Section 5.

LCC details

Certificate number:

Date of issue: DD / MM / YEAR



5. Purpose for obtaining or manufacturing sodium fluoroacetate (1080)

Purpose:

6. Information on sodium fluoroacetate (1080) present on site

a. Quantity of 1080 on site at the **beginning** of this notification period: (1 January 2025)

b. Quantity of 1080 on site at the **end** of this notification period: (31 December 2025)

7. Information on sodium fluoroacetate (1080) manufactured on site in New Zealand

Quantity of product manufactured in New Zealand: (total quantity held over the period of this notification – specify units and enter net weight only)
Formulated substances containing sodium fluoroacetate (1080) CAS # 62-74-8 are not required to be notified.

Total quantity manufactured in New Zealand:

8. Information on sodium fluoroacetate (1080) imported from an overseas supplier

Total quantity manufactured in New Zealand:

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9. Information on transfer of sodium fluoroacetate (1080) (transferring 1080 from a New Zealand PCBU A to PCBU B)

| QUANTITY OF 1080 TRANSFERRED | NAME OF PCBU A TRANSFERRING THE 1080 | NAME OF PCBU B RECEIVING THE 1080 | PHYSICAL ADDRESS OF PCBU B Include postcode | POSTAL ADDRESS OF PCBU B If different from physical address | IDENTITY AND POSITION OF PERSON RESPONSIBLE FOR 1080 AT PCBU B | DATE OF TRANSFER | REASON FOR TRANSFER |
|---|--------------------------------------|-----------------------------------|--|--|--|------------------|---------------------|
| Specify units and enter net weight only | | | | | | DD / MM / YEAR | |
| | | | | | | DD / MM / YEAR | |
| | | | | | | DD / MM / YEAR | |
| | | | | | | DD / MM / YEAR | |
| | | | | | | DD / MM / YEAR | |
| | | | | | | DD / MM / YEAR | |

Total quantity manufactured in New Zealand:

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10. Information on use of sodium fluoroacetate (1080) (for example, manufacturing formulated products, liquid batches, laboratory analysis)

| DATE OF USE | QUANTITY OF 1080 USED Specify units and enter net weight only | WHAT THE 1080 WAS USED FOR (for example, manufacturing 1080 bait) | WHERE THE 1080 WAS USED If on-site specify 'on-site' otherwise give a physical address |
|----------------|--|--|---|
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |

Total quantity manufactured in New Zealand:

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11. Information on disposal of sodium fluoroacetate (1080) (the transfer of 1080 from one PCBU A to another PCBU B is **not** disposal)

For example, if 1080 is transferred (from PCBU A) to a waste disposal company (PCBU B) for treatment or disposal, it should be recorded under section 9 as transfer to another place. The waste disposal company (PCBU B) must complete its own annual notification as a PCBU who held 1080 on the site.

| DATE OF DISPOSAL | QUANTITY OF 1080 DISPOSED OF Specify units and enter net weight only | HOW THE 1080 WAS DISPOSED OF | WHERE THE 1080 WAS DISPOSED OF Give a physical address |
|------------------|---|------------------------------|---|
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |
| DD / MM / YEAR | | | |

Total quantity manufactured in New Zealand:

12. Mass balance

Record your difference in quantity for the reporting period from the data in section 6.

- =

6a 6b Total 1080 on-site

Does your mass balance of 1080 input and output (as documented in sections 7-11) agree with the difference in quantity reported in section 6a and 6b?

Yes No

If no, please explain:

13. Signature of person completing this form

- To the best of my knowledge, the information contained in all sections of this form is complete and correct.
- I understand that information presented to WorkSafe is subject to the Official Information Act 1982 and may be released.
- I agree that WorkSafe may collect/verify information relevant to this notification from/with other parties.

Name:

Position:

Signature of notifier:

Date: DD / MM / YEAR