

Application for approval of a stationary container system compliance plan

Under clause 44, Schedule 1 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

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

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 stationary container and secondary containment system:

Application for approval of a stationary container system compliance plan

2. Details of stationary container system

Copy this table as required to include all tanks that are the subject of this application.

Container reference number:

Hazard classification of substance stored:

Name of substance stored: (technical or trade name)

Stationary tank/process container capacity: (litres)

Type of stationary container

Above-ground Below-ground
 Vertical tank Horizontal tank
 Steel Stainless steel
 Fibreglass High density polyethylene
 Other: (specify)

Single skin Double skin Single compartment
 Multiple compartment:
 (specify number and capacity of each compartment)

Date of stationary tank/process container installation:

DD / MM / YEAR Documented Estimated

Date of manufacture: (if different from date of installation)

DD / MM / YEAR Documented Estimated

Design/fabrication standards:

Details of corrosion protection: (if fitted)

Details of overfill protection:

Details of stock reconciliation/inventory checks to monitor single skinned underground tanks for potential losses:

3. Compliance certifier's compliance summary

Compliance certifier name:

Approval number:

Inspection date: DD / MM / YEAR

Copy this table as required to include all tanks that are the subject of this application.

Stationary tank/process container reference number:

ITEM	CONTAINER REQUIREMENT	RELEVANT	COMPLIANT	BRIEF DETAILS OF NON-COMPLIANCE
1	Tank/container design (Reg 17.6, 17.13, 17.30, 17.36)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
2	Tank/container construction (Reg 17.6, 17.13, 17.30, 17.36)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
3	Tank/container installation (Reg 17.6, 17.13, 17.31, 17.36)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
4	Pressure management (Reg 17.7, 17.15, 17.32, 17.37)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Application for approval of a stationary container system compliance plan

ITEM	CONTAINER REQUIREMENT	RELEVANT	COMPLIANT	BRIEF DETAILS OF NON-COMPLIANCE
5	Emergency pressure management (Reg 17.8, 17.16, 17.38)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
6	Liquid level indicator requirements (Reg 17.12, 17.33-35)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
7	Lightning/stray current protection (Reg 17.9, 17.10)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
8	Separation requirements (Part 17 Subpart 3)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
9	Fire fighting systems (Part 17 Subpart 7)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
10	Marking requirements (Part 17 Subpart 15)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
11	Plans and records (Part 17 Subpart 15)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
12	Secondary containment	Separate application required		
13	Process container (Subpart 8)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
14	Dispenser(s) Quantity:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
15	Vapouriser(s) Quantity:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
16	Used in connection with oil burning (Subpart 11)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
17	Oil burner(s) Quantity:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
18	Pipework (Subpart 13)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
19	Valves (Subpart 14)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
20	Repairs or alterations (Subpart 16)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Compliance certifier's view of extent to which stationary container system has been maintained and repaired to standard to which it was constructed and installed:

Signature of compliance certifier:

Date: DD / MM / YEAR

Application for approval of a stationary container system compliance plan

4. Applicants agreed actions

Copy this table as required to include all tanks that are the subject of this application. Actions are to alter system or operational procedures to comply with: standard to which it was constructed and installed; Part 17; or variations to subparts 1 to 16.

Stationary tank/process container reference number:

ITEM	CONTAINER REQUIREMENT	PROPOSED ACTION(S)	DATE
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR

What is the intended duration of this compliance plan?

Apart from provisions covered by this compliance plan, all other requirements of Part 17 of the Health and Safety at Work Regulations 2017 (Hazardous Substances) are to be complied with.

Application for approval of a stationary container system compliance plan

5. Details of secondary containment system

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

Containment capacity:

Method of construction:

Concrete Earth HDPE Lined
 Clay Steel
 Other:

Date of installation: DD / MM / YEAR

Documented Estimated

Details of most recent test:

Test date: DD / MM / YEAR

Test result:

List the standards that the secondary containment system is compliant with:

For below ground systems:

Monitoring well Observation well

Details of stationary containers contained in the secondary containment system

Copy this table as required to include all tanks that are in this secondary contained 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					
Below ground tank construction material					
Frequency of B/G tank integrity testing					

Application for approval of a stationary container system compliance plan

6. Compliance certifier details

Compliance certifier name:

Approval number:

Inspection date: DD / MM / YEAR

Compliance certifier's compliance summary

Copy this table for each secondary containment system that is the subject of this application.

Secondary containment system reference number:

ITEM	SECONDARY CONTAINER REQUIREMENT	COMPLIANT	BRIEF DETAILS OF NON-COMPLIANCE
1	Will the secondary containment system contain the escaped substance? Is the loss rate of a full hydrostatic head test less than 5 mm per hour? (Reg 3 Interpretation of secondary containment)	<input type="radio"/> Yes <input type="radio"/> No	
2	Can the escaped substance be recovered subject only to unavoidable loss? (Reg 3 Interpretation of secondary containment)	<input type="radio"/> Yes <input type="radio"/> No	
3	For below ground stationary tanks, is the containment capacity at least 100% of the total pooling potential? (Reg 17.100)	<input type="radio"/> Yes <input type="radio"/> No	
4	For above ground stationary tanks and process containers: (Reg 17.99, 17.100)	<input type="radio"/> Yes <input type="radio"/> No	
	a. Is the containment capacity at least 110% of the largest container?	<input type="radio"/> Yes <input type="radio"/> No	
	b. Is the secondary containment capacity less than 75,000,000 L?	<input type="radio"/> Yes <input type="radio"/> No	
	c. If 3.1 substances are stored within the secondary containment system in a quantity greater than 25,000,000 L, is the aggregate capacity of the stationary containers of 3.1 substances in each group less than 25,000,000 L?	<input type="radio"/> Yes <input type="radio"/> No	
	d. Is the capacity of each intermediate secondary containment system greater than 50% of the capacity of the largest stationary container?	<input type="radio"/> Yes <input type="radio"/> No	
	e. Are the internal walls of the each intermediate secondary containment system lower than 0.25 m below the lowest wall of the secondary containment system?	<input type="radio"/> Yes <input type="radio"/> No	

Compliance certifier's recommended actions to bring into compliance

Copy this table as required to include all tanks that are the subject of this application.

Stationary tank/process container reference number:

ITEM	RECOMMENDED ALTERATION

Signature of compliance certifier:

Date: DD / MM / YEAR

Application for approval of a stationary container system compliance plan

7. Applicants agreed actions to bring into compliance

Copy this table as required to include all tanks that are the subject of this application.

Stationary tank/process container reference number:

ITEM	CONTAINER REQUIREMENT	PROPOSED ACTION(S)	DATE
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR
			DD / MM / YEAR

What is the intended duration of this compliance plan?

Apart from provisions covered by this compliance plan all other requirements of Part 17 of the Health and Safety at Work Regulations 2017 are to be complied with.

8. 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:

Capacity in which signed:

Print name:

Date: DD / MM / YEAR

9. 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](https://www.worksafe.govt.nz)