



# Application for increased validity period of a stationary container compliance certificate

## 2. Compliance certifier report

Compliance certifier name:

Stationary container compliance certificate number(s):  
(attach a copy)

Statement to support extension application:

### Compliance certifier signature

Signature:

Date: DD / MM / YEAR

## 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 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



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Please complete for each bullet point.

| REF  | SYSTEM   |  | EVIDENCE SOUGHT                                   |
|------|--|--|---|
| T2.1 | Does the location have a health and safety policy and associated procedures?   | <input type="radio"/> Yes <input type="radio"/> No   | Copy of relevant section of policy and procedures |
| T2.2 | Is the health and safety system subject to an external audit:<br>- ACC Workplace Safety Management Practices<br>- Responsible Care New Zealand Prince Audit<br>- International Safety Rating System Audit<br>- other   | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No   | Copy of latest audit report                       |
| T2.3 | Is there a quality management system in place:<br>- ISO 9001<br>- other equivalent audits  | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No   | Copy of latest audit report                       |
| T2.4 | Are there regular checks of:<br>- tank, pipework and fittings integrity<br>- monitoring of observation wells<br>- electrical equipment in hazardous atmosphere zones<br>- stock inventory<br>- equipment used to handle hazardous substances (if applicable)<br>- activities in hazardous atmosphere zones and within separation distances<br>- other equivalent systems | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No | Copy of latest check results                      |
| T2.5 | Regulatory health monitoring:<br>- needs assessment completed<br>- carried out<br>- up to date   | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No   | Copy of latest assessment results                 |
| T2.6 | Other systems in place   | <input type="radio"/> Yes <input type="radio"/> No   | List systems                                      |

**TABLE 2:** Management and monitoring systems

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Please complete for each bullet point.

| REF  |   | ACTION   | DATE (if yes)                                      | EVIDENCE SOUGHT  |
|------|---|--|--|--|
| T3.1 | <b>Hazardous Substances and New Organisms Act</b><br>In the last three years, have you been the subject of a: <ul style="list-style-type: none"> <li>- Compliance order</li> <li>- Infringement offence</li> <li>- Offence</li> </ul>   | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No | DD / MM / YEAR<br>DD / MM / YEAR<br>DD / MM / YEAR | Copy of any notices or orders made                           |
| T3.2 | <b>Health and Safety in Employment Act and Health and Safety at Work Act</b><br>In the last three years, has the location been the subject of a: <ul style="list-style-type: none"> <li>- Improvement notice</li> <li>- Prohibition notice</li> <li>- Infringement offence</li> </ul> | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No | DD / MM / YEAR<br>DD / MM / YEAR<br>DD / MM / YEAR | Copy of any notices made                                     |
| T3.3 | <b>Resource Management Act</b><br>In the last three years, has the location been the subject of a: <ul style="list-style-type: none"> <li>- Compliance order</li> <li>- Abatement notice</li> <li>- Offence</li> </ul>  | <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Yes <input type="radio"/> No | DD / MM / YEAR<br>DD / MM / YEAR<br>DD / MM / YEAR | Copy of any notices or orders made                           |
| T3.4 | Have any notifiable events been reported in the last three years? <ul style="list-style-type: none"> <li>- Events that require reporting to WorkSafe New Zealand</li> </ul>   | <input type="radio"/> Yes <input type="radio"/> No   | DD / MM / YEAR                                     | Copies of any reports made to WorkSafe or enforcement agency |
| T3.5 | Has an extension to the Stationary Container Compliance Certificate been declined in the past? If so, on what grounds?  | <input type="radio"/> Yes <input type="radio"/> No   | DD / MM / YEAR                                     | Copies of applications made and letters of decline           |
| T3.6 | Any other relevant information  | <input type="radio"/> Yes <input type="radio"/> No   | DD / MM / YEAR                                     | Details of the information                                   |

**TABLE 3:** Compliance history

## 5. 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://worksafe.govt.nz)