Application for authorisation to use, handle or store prohibited and restricted carcinogens

**Who should use this form?**

This form is to be used by a person conducting a business or undertaking (PCBU) to make an application under Regulation 383 to WorkSafe for authorisation to use, handle or store a prohibited or restricted carcinogen referred to in Schedule 10, at the workplace.

**Decisions about applications**

If a PCBU makes an application under Regulation 383, the Regulator may grant authorisation to use, handle or store a prohibited carcinogen or restricted carcinogen under Regulation 384.

The regulator may authorise the person to use, handle or store a prohibited carcinogen referred to in an item in Schedule 10, table 10.1 at the workplace only if the carcinogen will be used, handled or stored only for genuine research or analysis.

The regulator may authorise the person to use, handle or store a restricted carcinogen referred to in an item in Schedule 10, table 10.2 at the workplace only if the carcinogen will be used, handled or stored only for a use referred to in column 3 for the item.

**Conditions of authorisation**

The regulator may impose any conditions on the authorisation that the regulator considers necessary to achieve the objectives of the Act or the Regulations.

**Refusal of authorisation**

The regulator must refuse to authorise the use, handling or storage of the carcinogen for a use not referred to in this regulation.

**Reviewable decision**

Decisions about authorisation to use, handle or store prohibited and restricted carcinogens are reviewable decisions, as outlined in Regulation 676.

If you wish to have the outcome of your application reviewed, please complete and submit the Review Form available at [www.dmirs.wa.gov.au](http://www.dmirs.wa.gov.au) or contact [Review.Officer@dmirs.wa.gov.au](mailto:Review.Officer@dmirs.wa.gov.au)

**Changes to Information in application**

The regulator must be given notice of any changes to the use, handling or storage of a prohibited or restricted carcinogen before the change or as soon as practicable after the change has occurred.

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| **APPLICATION FOR AUTHORISATION TO USE, HANDLE OR STORE PROHIBITED AND RESTRICTED CARCINOGENS** | | | | |  |
| 1. REASON FOR APPLICATION (x) relevant boxes | | | | | |
| 1. New application 2. Change to existing authorisation. | | | | | |
| 2. DETAILS OF APPLICANT | | | | | |
| Legal Entity Name: Click or tap here to enter text. | | | | | |
| Registered Business Name or Trading Name: Click or tap here to enter text. | | | | | |
| ABN/ACN: Click or tap here to enter text. | | | | | |
| Street Address: | Click or tap here to enter text. | | | | |
| State: Click or tap here to enter text. | | | Postcode: | Click or tap here to enter text. | |
| 3. DETAILS OF THE SUPPLIER OF THE PROHIBITED OR RESTRICTED CARCINOGEN | | | | | |
| Legal Entity Name: Click or tap here to enter text. | | | | | |
| Registered Business Name or Trading Name: Click or tap here to enter text. | | | | | |
| ABN/ACN: Click or tap here to enter text. | | | | | |
| Street Address: | Click or tap here to enter text. | | | | |
| State: Click or tap here to enter text. | | | Postcode: | Click or tap here to enter text. | |
| 4. ADDRESS WHERE THE PROHIBITED OR RESTRICTED CARCINOGEN WILL BE USED, STORED OR HANDLED (x) relevant boxes | | | | | |
| Is the address where the prohibited or restricted carcinogen is to be used, stored or handled the same as the applicant’s details?   1. Yes. Proceed to Section 5 2. No. Complete details below   Please provide authorisation number: Click or tap here to enter text. | | | | | |
| Legal Entity Name: Click or tap here to enter text. | | | | | |
| Registered Business Name or Trading Name: Click or tap here to enter text. | | | | | |
| ABN/ACN: Click or tap here to enter text. | | | | | |
| Street Address: | Click or tap here to enter text. | | | | |
| State: Click or tap here to enter text. | | | Postcode: | Click or tap here to enter text. | |
| 5. DETAILS OF THE PROHIBITED OR RESTRICTED CARCINOGEN FOR WHICH THE APPLICATION TO USE, STORE OR HANDLE IS MADE | | | | | |
| Name: Click or tap here to enter text. | | | | | |
| CAS Number: Click or tap here to enter text. | | | | | |
| Quantity to be used, stored or handled each year:  Click or tap here to enter text. | | | | | |
| Purpose and activity for which the carcinogen will be used, handled or stored:  Click or tap here to enter text. | | | | | |
| Method for use, handling or storage of the carcinogen (attach further information / procedure if needed):  Click or tap here to enter text. | | | | | |
| Number of workers that may be exposed to the carcinogen:  Click or tap here to enter text. | | | | | |
| 6. MANAGEMENT OF RISKS TO HEALTH AND SAFETY | | | | | |
| Provide information about how you will manage risks to health and safety, including a summary of the steps taken, or to be taken, in relation to the following: | | | | | |
| 1. Hazard identification | | Click or tap here to enter text. | | | |
| 1. Control measures:   Elimination | | Click or tap here to enter text. | | | |
| Substitution | | Click or tap here to enter text. | | | |
| Isolation | | Click or tap here to enter text. | | | |
| Engineering | | Click or tap here to enter text. | | | |
| Administrative (include information and training) | | Click or tap here to enter text. | | | |
| PPE | | Click or tap here to enter text. | | | |
| Consultation with workers | | Click or tap here to enter text. | | | |
| 1. If elimination or substitution of the carcinogen is not reasonably practicable provide information as to why the elimination or substitution is not reasonably practicable:   Click or tap here to enter text. | | | | | |
| 1. Additional risk management measures:   Click or tap here to enter text.  First aid facilities | | | | | |
| Trained first aider | | Click or tap here to enter text. | | | |
| Emergency response procedures  (Accidental exposure, spill response etc.) | | Click or tap here to enter text. | | | |
| Engineering | | Click or tap here to enter text. | | | |
| Record keeping | | Click or tap here to enter text. | | | |
| Waste management | | Click or tap here to enter text. | | | |
| 7. CONTACT DETAILS OF PERSON SUBMITTING APPLICATION (APPLICANT) | | | | | |
| Applicant Name: Click or tap here to enter text. | | | | | |
| Signature: | | | | | |
| Date: Click or tap here to enter text. | | | | | |
| Contact number: Click or tap here to enter text. | | | | | |
| Contact email: | Click or tap here to enter text. | | | | |
| 8. SUBMIT APPLICATION | | | | | | |
| To submit application:  Email: [safety@dmirs.wa.gov.au](mailto:safety@dmirs.wa.gov.au)  or Post to:  Director WorkSafe Service Industries & Specialists  Department of Mines, Industry Regulation and Safety  Locked Bag 100 EAST PERTH WA 6892  Phone enquiries: 1300 307 877 | | | | | | |