



Form 69 - Notification of a facility exceeding 10% of schedule 15 threshold

This is an approved form for compliance with section 536 or 537 of the Work Health and Safety Regulation 2011

This form is designed for online submission. If you choose to complete this form manually, you must, before printing the form, add lines in Table 1 and Table 2 for the number of chemicals held at this facility.

Privacy Statement

Workplace Health and Safety Queensland (WHSQ) is collecting your personal information on this form in accordance with s536 and s537 of the Work Health and Safety Regulation 2011. It is WHSQ's usual practice to disclose this information as needed to other Commonwealth, state or territory health and safety regulators or other entities that are relevant to your notification such as Queensland Fire and Emergency Services, Queensland Department of Environment and Heritage Protection and local government authorities.

Part A1: Operator details

The operator is the person conducting the business or undertaking of operating the facility who has (a) management control of the facility and (b) the power to direct that the whole facility is to be shut down. The operator can be a person or a body corporate.

Registered name: Waratah Coal Pty Ltd

Trading as: Waratah Coal

ABN: 9 4 1 1 4 1 6 5 6 6 9 ABN Verified? No

ACN: ACN Verified? No

Registered street address details: Building property name: Level 17, No: 240, Street Name: Queen, Street type: STREET, Suburb / locality: BRISBANE, State: QLD, Postcode: 4 0 0 0

Registered postal address details: Tick box if same as street address above, otherwise provide details below. Post office box or street address: GPO Box 1538, Suburb: BRISBANE, State: QLD, Postcode: 4 0 0 1

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Part A2: Facility details

Give details of the site to which this Notification relates. This is the location where schedule 15 chemicals exceeding 10% of threshold quantities are to be used, handled, or stored.

If same as street address above tick box, otherwise complete details below.

Building property name:	No.	Street Name
	0	Monkland
Street type:	Suburb / locality	State
ROAD	HOBARTVILLE	QLD
		Postcode
		4 7 2 4

GPS code for facility

The reference point shall be taken from the front entry gate for the facility

Datum : World Geodetic System 84 (WGS 84)

Longitude : decimal degrees

[GPS Coordinate Converter](#)
[Click here](#)

Latitude : decimal degrees

Local government area:

Barcardine Regional

Postal address for facility

If same as street address above tick box, otherwise provide details below.

Post office box or street address:	Suburb:	State:	Postcode:
GPO BOX 1538	BRISBANE	QLD	4 0 0 1

Part A3: Notification contact details

Give details here of the person 'the notifier', to whom any inquiries regarding this notification should be directed and future correspondence sent. This person may be located at the location or elsewhere. This may be the contact person for a body corporate notifier.

First name and surname:

Nui Harris

Position:

CEO

Office phone number:

0 7 3 8 3 2 2 0 4 4

Mobile number:

Fax:

Email:

info@waratahcoal.com.au

Part A4: Location contact details

Give details here of the person with day-to-day operational responsibility for the facility to whom any inquiries regarding the location can be made.

Tick box if same as notification contact.

First name and surname:

Nui Harris

Position:

CEO

Office phone number:

0 7 3 8 3 2 2 0 4 4

Mobile number:

Fax:

Email:

info@waratahcoal.com.au

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Part A5: Reason for notification as a 10% of Schedule 15 facility

- Section 536 Existing facility.
- Section 537 Proposed facility.

Notification form checklist Check the following information is attached to this notification form

Part B Business description

- Information about the facility including a description of the primary business activity at the site and;
- A brief description of the activities and processes that involve schedule 15 materials

Part C Facility description

- Scaled plans showing:
 - A) The layout of the facility
 - B) The location of the main processing units/storage arrangements including information supplied as to the maximum capacity, contents and process conditions for schedule 15 materials
 - C) Any temporary storage areas
 - D) Control room(s),
 - E) Loading/unloading areas,
 - F) Administration and workshop areas.
- Scaled map(s) for the area up to 500m from the facility showing details of the natural and built environment. If applicable, highlight major infrastructure, utilities and transport corridors and any other MHFs.
- The number of people (including contractors) normally located at the facility.
- Details of all major incidents involving schedule 15 hazardous chemicals in the past 10 years, or for the life of the facility where operations have been in existence for less than 10 years.

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TABLE 1

This table should be filled in if the facility is holding hazardous chemicals that are named in Table 15.1 of schedule 15 of the Work Health and Safety Regulation 2011

UN number	Hazardous chemical (select by name first, UN number and threshold quantity will be automatically filled in)	Quantity in facility (tonnes)	Physical form (Liq/Sol/Gas)*	Largest containment system				Threshold quantities	
				Quantity (tonnes)	Temp. (°C)	Pressure (kPa)	Site plan reference	(tonnes)	Percent of Threshold
1017	Chlorine	5	LIQ	1	amb	1000	24	25	20.0 %
1744	Bromine or bromine solutions	1	LIQ	0.2	amb	100	24	100	1.0 %
1005	Ammonia, anhydrous	5	LIQ	1	amb	100	18	200	2.5 %
1049	Hydrogen	2	GAS	1	amb	10,000	27	50	4.0 %

Table 1 Hazardous chemicals aggregate

27.5

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TABLE 2

This table should be filled in if the facility is holding hazardous chemicals which are listed in Table 15.2 of the Work Health and Safety Regulation 2011

UN number	Hazardous chemical <u>Reference document</u>	DG class	Quantity in facility (tonnes)	Physical form (Liq/Sol/Gas)*	Very toxic as per Table 15.3	Route of entry (Oral/Dermal/Inhalation)	Largest containment system					Threshold quantities	
							LD50 Conc.	Quantity (tonnes)	Temp. (°C)	Pressure (kPa)	Site plan reference	(tonnes)	Percent of Threshold
2030	Hydrazine hydrate	8	2	LIQ	N		0.5	Amb.	100	18	200	1.0 %	
1830	Sulfuric acid	8	4	LIQ	N		4	Amb.	100	28	200	2.0 %	

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Table 2 Hazardous chemicals aggregate

3

Facility aggregate (Table 1 / Table 2 Aggregate)

30.5

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No	Question	If yes please provide the details or, If no enter No
1	Has the operator (or in the case of a corporate body, any officer of the corporate body) been found guilty of an offence under the Work Health and Safety Act 2011 or Work Health and Safety Regulation 2011 or under the work health and safety law of another state or territory or the Commonwealth?	Any conviction or finding of guilt including dates and jurisdiction no
2	Has the operator (or in the case of a corporate body, any officer of the corporate body) entered into an enforceable undertaking under the Work Health and Safety Act 2011 or the work health and safety law of another state or territory or the Commonwealth?	Any enforceable undertaking including date and jurisdiction no
3	Has the operator (or in the case of a corporate body, any officer of the corporate body) been refused from holding an equivalent licence by another state or territory or the Commonwealth work health and safety regulator?	Any refusal from holding a licence including date and jurisdiction no
4	Has the operator (or in the case of a corporate body, any officer of the corporate body) previously held a similar licence under a corresponding work health and safety law in respect of which:	
4A	A) a condition has been imposed? and	Any licence upon which a condition has been imposed including the date and jurisdiction no
4B	B) that the licence had been suspended or cancelled and, if so, whether or not the operator had be disqualified from applying for a similar licence	Any suspension or cancellation and details of any disqualifications including the date and jurisdiction no

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Part A6: Declaration by operator or authorised person on behalf of the company

Name:

Nui Harris

Position:

CEO

Signature

Date signed

11/02/2020

This declaration should be signed by the person authorised by the registered business to sign on behalf of the whole business. This person can be the company secretary or legal representative for the company or another person as nominated by the company.

Part A7: How to lodge this form

When you have completed this form you may submit it, together with documents requested in Part B and Part C and any additional information relevant to this notification, online using the 'Submit' button below.

If you have manually completed this form you may submit it, along with documents requested in Part B and Part C and any additional information relevant to this notification, by using either of the delivery options below.

Email:

HICB@oir.qld.gov.au

Post:

Hazardous Industries and Chemicals Branch
Workplace Health and Safety Queensland
PO Box 820
LUTWYCHE QLD 4030

Phone:

(07) 3738 5010

Fax:

(07) 3811 6447