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| Notification of intention to manufacture concrete panels |
| **Work Health and Safety (General) Regulations 2022**  An intention of notification to manufacture concrete panels notification must be advised to the WorkSafe Commissioner (the Regulator) at least 10 working days before the first panel is to be cast; this includes panels manufactured on the construction site or at a precast yard or factory. The notification must:   1. specify where panels are to be manufactured; 2. the construction site at which panel be incorporated as a wall.   It is not necessary to provide separate advice for each individual panel for the same job. Only panels intended to be incorporated as a wall of a building or structure are required to be notifed; the requirement specifcally excludes columns, beams, paving slabs and decorative façade panels.  The key requirement is that panel manufacture must be carried out in accordance with *Australian Standard AS 3850:2003 Tilt-up concrete construction*; the requirement applies to panels cast on site or off site.  The full requirements are set out in regulations Part 6.3 Division 4 of the Work Health and Safety (General) Regulations 2022.  Notification in accordance with regulation 306B of the Work Health and Safety (General) Regulations 2022. |

I, as a person conducting a business or undertaking (PCBU), hereby notify the Regulator of the intention to manufacture concrete panels as detailed below:

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| **Details of notifier** | |
| Name of PCBU | Click or tap here to enter text. |
| Trading Name | Click or tap here to enter text. |
| ACN  ABN | Click or tap here to enter text.  Click or tap here to enter text. |
| Address of PCBU | Click or tap here to enter text. |
| Suburb | Click or tap here to enter text. |
| State or Territory | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| **Details of where the proposed manufacturing work is to take place** | |
| Address | Click or tap here to enter text. |
| Suburb | Click or tap here to enter text. |
| State or Territory | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Proposed start / commencement date | Click or tap here to enter text. |
| Estimated duration / completion date | Click or tap here to enter text. |
| Name of contact person | Click or tap here to enter text. |
| **Details of the construction site where the panels are to be incorporated as a wall** | |
| Principal contractor or PCBU | Click or tap here to enter text. |
| Site address | Click or tap here to enter text. |
| Suburb | Click or tap here to enter text. |
| State or Territory | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Proposed start / commencement date | Click or tap here to enter text. |
| Estimated duration / completion date | Click or tap here to enter text. |
| Name of contact person | Click or tap here to enter text. |
| **Signature of notifier** | |
| (print name here)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of applicant (date) | |
| **Once completed, this form can be submitted to DMIRS as follows:** | |
| Email: [safety@demirs.wa.gov.au](mailto:safety@demirs.wa.gov.au) | |
| **Personal information** | |
| The information is collected by DMIRS for the purposes of undertaking an evaluation, assessment and processing of notifications and may also be used by the Regulator for the purpose of confirming details, to establish and maintain an external database and to assist the Regulator and its Directorate with its work generally. It may also be provided to other state, territory and Commonwealth regulatory authorities.  Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual. This information will be managed in accordance with the requirements of the Office of the Information Commissioner and may be accessed by you on request to this Department.  For further details on our privacy information policy visit [www.worksafe.wa.gov.au](http://www.worksafe.wa.gov.au) | |
| **Fees** | |
| There is no fee associated with this form. | |
| **Notes on completing this form** | |
| 1. Please type directly into the form. An electronic/digital signature may be inserted in the declaration box. When complete save a copy of the form before emailing or printing.  If handwriting the signature, once the form is complete it should be printed, signed and then scanned and emailed to the email address above.  2. Please do not modify the form structure, insert sections or delete sections; the form will  automatically resize as information is added. | |

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