

Queensland's safety and workers' compensation services

\$1300 362 128

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 to be shut down. The operator can be a person or a body corporate.	facility and
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 Registered business address for body corporate or street address for individual	
Building property name: No. Street Name Str	reet type:
Level 17 240 Queen STR	REET
Suburb / locality State Postcode	an area and a or a far may have great account of
BRISBANE QLD 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: Suburb: State Post	stcode
GPO Box 1538 BRISBANE QLD 4	0 0 1

Part A2: Facility details Give details of the site to which this Notifi are to be used, handled, or stored.	ication relates. This is the locati	ion where schedule 15	5 chemicals exceeding 10% of	threshold quantities
If same as street address above tick b	ox, otherwise complete details	s below.		
Building property name:		No.	Street Name	
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Street type: Suburb / locality	O GALLANDER FOR A FOLIFIC PLANT AND CONTROL OF THE PARTY AND CONTROL OF THE PARTY O	evangleserman planet e Entrevantelolomonolotichnecknopaleses nobestinoperty	State Postco	de
ROAD HOBARTVILLE			QLD 4 7	2 4
GPS code for facility		•		
The reference point shall be taken from t	he front entry gate for the facil	ity		
Datum: World Geodetic System 84 (WGS	5 84)			
Longitude :	decimal degrees	GPS Coordinate Con	verter	
Latitude :	decimal degrees	Click here	ladia Maja iladiala	
Local government area:	J L			
Barcaldine Regional				
Postal address for facility				-
If same as street address above tick b	ox, otherwise provide details b	pelow.		
Post office box or street address:	Suburb:		State:	Postcode:
GPO BOX 1538	BRISBANE	ay binah karteshi 4 eta e 4 filik asanya wennahan kunya mikiya mahaka sabakar ya esta	QLD	4 0 0 1
Part A3: Notification contact de Give details here of the person 'the notification. This person may be located at the located	er', to whom any inquiries rega			
First name and surname: Nui Harris	ar yan dan ar	ue staudium 1.44°s etter 2.7446 sonier vonnon haenserviernosis espaia mentes scakas	MOLECULAR ESTATEMENT AND THE STATE OF THE ST	Additional and advantage of the analysis of the first in the angle of
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Email: info@waratahcoal.com.au	Coppelling the second of the processing deviation of the process of the design of the contract of the design of the process of the contract of the process of the coppelling o	ng ging birthan stady plant a til Thin Stature politicky flyddyning flyndifferty y ben y mweb y riberendd	өдүүний түрүн байтатуунун арабуун той барбуун бүй т. Эчкий далаанаан уйтуучулан дагон той арамий айтуучулан ар	
Part A4: Location contact detail Give details here of the person with day-t		ty for the facility to wh	om any inquiries regarding t	he location can be
made.				
✓ Tick box if same as notification contact	t.			
First name and surname:				
Position:			·	
CEO		Marie Printer		
Office phone number:	Mobile number:		Fax:	
0 7 3 8 3 2 2 0 4	4			
Email:				
info@waratahcoal.com.au				

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Part A5: Reason for notification as a 10% of Schedule 15 facility
Tare 7.5. Newson for Hothieution as a 1070 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.

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

TABLE 1									
This table	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	f schedule 1	5 of the W	ork Health a	nd Safety Re	egulation	2011		
				Larg	Largest containment system	ment syste	m.	Threshold	Threshold quantities
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)*	Quantity (tonnes)	Temp.	Pressure (kPa)	Site plan reference	(tonnes)	Percent of Threshold
1017	Chlorine	2	ПО	1	amb	1000	24	25	20.0 %
1744	Bromine or bromine solutions	1	DIJ	0.2	amb	100	24	100	1.0 %
1005	Ammonia, anhydrous	5	PIO	1	amb	100	18	200	2.5 %
1049	Hydrogen	2	GAS	1	amb	10,000	27	50	4.0 %
				Table 1	Table 1 Hazardous chemicals aggregate	chemicals	aggregate		27.5

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TABLE 2 This table s	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	which are li	sted in Tab	ile 15.2 of	the Wo	rk Health ar	ıd Safety	Regulation	on 2011				
					Very toxic as per Table 15.3	As per Table 15.3 if very toxic most toxic route of entry and LD50 (Oral/ Dermal/ Inhalation)	oute of LD50 mal/	Large	est conta	Largest containment system	tem	Threshold quantities	quantities
UN number	Hazardous chemical Reference document	DG class in facility form (tonnes) (Gass)*	Quantity in facility (tonnes)	Physical form (Liq/Sol/ Gas)*	(N/X	Route of LD50 Quantity Temp. entry Conc. (tonnes) (°C)	LD50 Conc.	LD50 Quantity Conc. (tonnes)	Temp. (°C)	Pressure Site plan (KPa) reference	Site plan reference	(tonnes)	Percent of Threshold
2030	Hydrazine hydrate	8	7	LIQ	z			0.5	Amb.	100	18	200	1.0 %
1830	Sulfuric acid	8	4	LIQ	z			4	Amb.	100	28	200	2.0 %

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Waratah Coal
Trading as:
Waratah Coal Pty Ltd
Registered name:
For office use only:

Suburb: BRISBANE

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Table 2 Hazardous chemicals aggregate	Facility aggregate (Table 1 / Table 2 Aggregate)		
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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
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 corresponding work health and safety law in r	body, any officer of the corporate body) previously held a similar licence under a espect of which:
4A	A) a condition has been imposed? and	Any licence upon which a condition has been imposed including the date and jurisdiction
4D	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

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Part A6: Declaration by operator or authorised person on behalf of the company	
Name:	
Nui Harris	
Position:	NEWSTON, MODIFICATION OF THE PARTITION O
CEO	Microbiological States (see Ambiectic e primer Special contraction and contraction of the
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 company secretary or legal representative for the company or another person as nominated by the company.	be the
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 addition information relevant to this notification, online using the 'Submit' button below.	onal
If you have manually completed this form you may submit it, along with documents requested in Part B and Part C and any additinformation relevant to this notification, by using either of the delivery options below.	itional
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	