



Approved Handler Test Certificate Application Form

Part 1 – Contact Information

FM001V2

Applicant Details	Name (full)	
	Residential Address	
	Contact Telephone Number	
	DOB (optional)	
	Position	
Business / Company Details	Name / Trade Name	
	Site / Location Address	
	Postal Address	
	Contact Telephone Number	
	Contact Email Address	
	Person in Charge	
	Type of Industry	
Please indicate if you have attended the Approved Handler training course provided by Inferno Consultants as part of the 'transitional' certificate.		YES <input type="checkbox"/> NO <input type="checkbox"/>

Part 2 – Hazardous Substance Information

Please list all hazardous substances you are applying to be certified for. Please attach extra pages if required.

Product Name	HSNO Classification	UN Number	CAS Number	Maximum Quantity On-Site	Lifecycle*
Example - LPG cylinder	2.1.1A	1075	68476-85-7	180 Kg	Storage
Example - Petrol (unleaded)	3.1A, 6.1E, 6.3B, 6.3B, 6.7B, 9.1B	1203	-	100 L	Use & Storage

*Lifecycle – denotes the stage in the process for which you are applying. Options: Storage, Use, Use in Manufacture, Manufacture, Transport, Disposal. If you require further clarification please contact our office. We can email you the descriptions for each of these options.

Part 3 – Practical Competency Assessment

Work Supervisor to complete the following section for the applicant. Please ensure that all of the hazardous substances the Approved Handler is requesting for Certification are covered.

Competency Questions		Verification/ Comments (Please tick)
1.	Applicant has correctly identified and handled each of the hazardous substances (as listed).	
2.	Applicant has shown correct interpretation and use of Material Safety Data Sheets (MSDS) for each of the hazardous substances. E.g. Properties, Hazard Identification, Health Effects, Safe Handling & Contacts.	
3.	Applicant has a good understanding of the Business Standard Operating Procedures (SOP's) including Health & Safety Polices and Procedures.	
4.	Applicant has correctly selected, used and maintained the appropriate Personal Protective Equipment (PPE) for the hazardous substances. E.g. Eye Protection	
5.	Applicant has a good understanding of the <i>Emergency Procedures</i> and/or Emergency Response Plan in place involving each of the hazardous substances. E.g. Spillage, Fire and Flooding	
6.	Applicant has demonstrated the correct operation of equipment used with the relevant hazardous substances. E.g. Spray Gun, Printing Press and Dispensers.	
7.	Applicant is familiar with any appropriate Codes of Practice (if applicable)	

Notes:

1. This form is to be used in conjunction with the Approved Handler (Knowledge Assessment) Form, which will be issued to the applicant on the day of the course.
2. Further supporting information may be attached such as training records, training courses attended, course certificates.
3. The Environmental Risk Management Authority has requested we supply birth dates for each applicant. Please note this is not compulsory however it does assist with identification.
4. A full Approved Handler Test Certificate will be issued which is valid for a period of five years.
5. The Approved Handler Test Certificate will be sent to the business in the first instance.

Applicant Declaration

I am confident that I have received the necessary training and work experience for the substances I have applied to be certified for. I declare the information I have supplied for this assessment is true, complete, and correct.

Signed: _____ Date: _____

Work Supervisor Declaration

I declare that the information I have supplied for this assessment is true, complete, and correct, and I have assessed the applicant for the competencies listed in this form and consider the applicant has the experience required to obtain a certificate as an Approved Handler.

Work Supervisor Name: _____

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Client Number		Database Entry Performed	
Date Received		Course Date Booked	
Information Checked		Processed By	

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