



HAZARDOUS SUBSTANCES

Test Certificate Application Form

Part 1 – Contact Information

FM002V5

Business / Company Details	Name / Trade Name	
	Site / Location Address	
	Postal Address	
	Business Telephone Number	
	Business Fax Number	
	Business Email Address	
	Business Website	
	Description of Business Type / Industry	
Person in Charge	Name	
	Position	
	Direct Dial Number and/or Mobile Number	
	Direct Email Address	

Part 2 – Hazardous Substance Information

Please list all hazardous substances that are at your site. Please attach extra pages if required.

Product Name	HSNO Classification	UN Number	CAS Number	Maximum Quantity On-Site	Storage Container Sizes *1	Lifecycle*2
Example - LPG	2.1.1A	1075	68476-85-7	180 Kg	4 x 45 Kg cylinder	Storage
Example - Petrol (unleaded)	3.1A, 6.1E, 6.3B, 6.3B, 6.7B, 9.1B	1203	-	100 L	20 L containers	Use & Storage

*1 Storage container sizes (general) i.e. 5 litres, 20 litres,

*2 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 – On-Site Particulars

If you are able to do so can the following information be supplied.

Approved Handler Status	Do you have Certified Approved Handler(s) at your site?	YES / NO
	If yes can you please list the surname and certificate number for each in the space below:	
Scaled Site Map	Do you have a scaled site map of your business site? (Please attach a copy for our records if possible, otherwise a photocopy or a photograph will be taken during inspection.)	YES / NO
	Does your site plan contain the following details: <ul style="list-style-type: none"> • The position of hazardous substance locations in relation to the legal boundaries. • Hazardous Atmosphere Zones (if applicable) • Controlled Zones (if applicable) • Emergency Equipment • Evacuation Assembly Areas • MSDS Register Locations 	YES / NO
Codes of Practice	Does your business adhere to any Codes of Practice with regard to Hazardous Substances at your site?	YES / NO
	If yes, could you please list below:	
Group Standards	Has your business been advised by ERMA NZ of appropriate Group Standards for use?	YES / NO
	If yes, could you please list below: - a list may be attached if required.	

Part 4 – Declaration

Person in Charge

I declare that to the best of my knowledge the particulars contained in this application are true and correct and are without material omission.

Signed: _____ Date: _____

Please note that your application form will be assessed to establish the requirements under the HSNO regime (Further information may be required from you).
 Inferno Consultants will be in contact to organise a date for inspection with one of our Approved Test Certifiers.

We thank you for providing Inferno Consultants with the opportunity to be of service to your business.

FOR OFFICE USE ONLY			
Client Number		Database Entry Performed	
Date Received		Client contacted	
Information Checked & Assessment Performed as to Requirements		Processed By	

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