November 2022

Licensed activities

# Sampling or analysing airborne dust

# About this form

This form is to be used to apply for a licence to carry out any sampling, analysing or reporting of airborne dust.

[Part 10](https://www.legislation.nsw.gov.au/#/view/regulation/2014/799/part9) of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022 (the Regulation) sets out the requirements for licensed activities at, or with respect to mines.

This application form is for one licence and facility location. If you require multiple licences, please submit separate application forms.

1. Guidance
2. Applicants must ensure that their application provides evidence to demonstrate how any:
	1. Sampling, analysis and reporting of inhalable dust will be carried out in accordance with Australian Standard AS 3640-2009: Workplace atmospheres - Method for sampling and gravimetric determination of inhalable dust; and
	2. Sampling, analysis and reporting of respirable dust will be carried out in accordance with Australian Standard AS 2985: Workplace atmospheres - Method for sampling and gravimetric determination of respirable dust; and
	3. Sampling, analysis and reporting of respirable crystalline silica (RCS) will be carried out.
3. To assist the regulator in assessing this application, Applicants must provide evidence of all accreditation they hold for the sampling or analysis of airborne dust issued by:
	1. the National Association or Testing Authorities Australia (NATA) in accordance with their laboratory accreditation program under ISO/IEC 17025 General requirements for the competence of calibration and testing laboratories; or
	2. an assessment body accredited by signatories to the International Laboratory Accreditation Corporation through their Mutual Recognition Agreement.
4. In accordance with section 156 of the Regulation, applicants must attach to this application evidence to demonstrate that all activities carried out under the licence (if granted) will:
	1. be supervised by a competent person; and
	2. be carried out by workers who have had training in safe working methods in relation to the activity and
	3. be carried out by workers who have –
		1. completed a course of training specified by the regulator in relation to the activity, or
		2. appropriate experience or training in the carrying out of the activity; and
	4. be carried out using procedures, equipment and facilities that are suitable for those activities.
5. Type of licence application

Tick which applies:

|  |  |
| --- | --- |
| Type of application | [ ]  New licence (please select if the facility does not hold an existing licence for sampling or analysing airborne dust) |
| [ ]  New licence (please select if the facility **currently holds an existing licence** for sampling or analysing airborne dust, and provide the previous licence number below) |
| **Note:** Amendment of details on an existing licence are to be completed on *Application form – Licensed Activities – Change of information* |
| Existing licence number (if applicable) |       | Existing licence expiry date (if applicable) |       |

1. Applicant details
	1. Body corporate (if applicable)

|  |
| --- |
| Registered name |
|       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACN |   |   |   |  |  |   |   |   |  |   |   |   |

Registered business (trading) name, if applicable. (If the organisation is a trustee for a trust, include the name of the trust. Attach a certificate or other written evidence of the registration of the business name to the application.

|  |
| --- |
| Registered business (trading) name |
|       |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ABN |   |   |   |  |   |   |   |  |   |   |   |

* 1. Individual or contact person for body corporate

|  |
| --- |
| Details |
| First name |       |
| Other given name(s) |       |
| Last name |       |
| Salutation |       |
| Email address\* |       |
| Daytime contact telephone number (contact will primarily be via email) |       |
| Mobile number |       |

\*The primary means of correspondence will be via email. The contact person for a body corporate should provide a generic email address so that throughout organisational changes in your company, the regulator can maintain contact with the legal entity. Failure to maintain up to date contact details may result in suspension or cancellation of a licence.

* 1. Street address (must NOT be a PO Box)

Body corporate to provide their registered business address. Individuals to provide their residential address.

|  |
| --- |
| Details |
| Unit/Street/Property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |
| Country (if other than Australia) |       |

* 1. Postal address

[ ]  Same as the street address above

|  |
| --- |
| Details |
| Unit/Street/Property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |
| Country (if other than Australia) |       |

* 1. Analysis facility address

[ ]  Same as the street address above

|  |
| --- |
| Details |
| Unit/Street/Property |       |
| Street name |       |
| Suburb |       |
| State |       |
| Postcode |       |

1. Proposed activities to be carried out under the licence
	1. What proposed activities will be carried out under the licence?

Tick **all** that apply

[ ]  sampling and reporting of inhalable dust

[ ]  sampling and reporting of respirable dust and crystalline silica

[ ]  analysis of inhalable dust

[ ]  analysis of respirable dust

[ ]  analysis of RCS

|  |
| --- |
| Provide further information below if required: |
|       |

1. Facilities and location
	1. Specify the location where any proposed laboratory analysis activities will be carried out under the licence. Provide address/es of all locations.

\* If the proposed activity nominated in the licence application is for sampling and reporting of airborne dust only, this section does
not apply.

|  |
| --- |
| Location(s) of proposed laboratory analysis activities |
|       |

* 1. Specify what laboratory analysis will be carried out at each location listed in 5.1 above

|  |
| --- |
| List any laboratory analysis that will be carried out at each location listed in 5.1 |
|       |

1. Supervision by a competent person

In this section, provide details of the competent person(s) who will supervise the proposed activities under the airborne dust licence.

Attach the following information:

1. the organisation’s management structure
2. position descriptions for the competent person(s) who will supervise the proposed activities
3. responsibilities and workplace reporting arrangements relating to the airborne dust licence
4. qualifications, training and experience of the competent person in relation to the proposed licensed activity.

List the attachments below

|  |
| --- |
| List of attachments |
|       |

1. Worker’s training
	1. Provide details of the training that is provided to workers before the work begins, which relates to the licence.

Provide details of the training of workers who will carry out activities under the licence.

Include the positions of all workers who will carry out an activity under the licence and the training they will have before commencing that work, including:

* training in safe working methods in relation to the activity
* appropriate qualifications, experience, or training in the carrying out of the activity

If the facility currently holds a licence, provide details of any changes since the last application.

|  |
| --- |
| Detail any changes since the last application |
|       |

1. Procedures
	1. Procedures for the proposed activities
2. a) Set out what procedures will be used to carry out sampling and reporting activities under the licence and why those procedures are suitable for those activities. Provide supporting documents.

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| Procedures |
|       |

1. b) For all analysis activities that will be carried out under the licence provide copies of laboratory test methods that are in place for the analysis.

\* If the proposed activity nominated in the licence application is for sampling and reporting of airborne dust only, this section does not apply.

|  |
| --- |
| Laboratory test methods |
|       |

1. c) Identify the organisation that issued accreditation for the specified analysis methods and provide a copy of:
* accreditation certificate
* last assessment report.

|  |
| --- |
| Organisation that issued accreditation |
|       |

* 1. Procedures for subcontracting

a) Provide details on all proposed activities under the airborne dust licence that will be sub-contracted.

|  |
| --- |
| Sub-contracted airborne dust licence proposed activities |
|       |

b) Provide details on what procedures will be used to manage sub-contracted activities under the airborne dust licence.

If the facility currently holds a licence, provide details of any changes since the last application.

|  |
| --- |
| Detail procedures |
|       |

* 1. Procedure for keeping of records and reports

a) What procedures are in place for the maintaining of records and reports in relation to activities carried out under the airborne dust licence? Provide a summary of these procedures.

If the facility currently holds a licence, provide details of any changes since the last application.

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| --- |
| Detail procedures  |
|       |

b) Provide an example of a completed report for when proposed activities are completed.

|  |
| --- |
| Example completed report  |
|       |

1. Equipment

Provide details of the equipment that will be used to carry out the proposed activities under an airborne dust licence, including the brand, model and calibration requirements of the equipment:

|  |
| --- |
| Equipment details  |
|       |

1. Attachments

List all attachments to this application. If you are submitting your document electronically and the attachment is a separate document, list the document title.

You will need to complete the whole application before completing this table.

|  |  |  |
| --- | --- | --- |
| Title | Reference number | Date of document |
|       |       |       |
|       |       |       |
|       |       |       |

1. Fees

A fee is payable for an application for a licence. The Resources Regulator uses a third-party secure payment service to receive payments. Refer to our website for instructions on how to make payment.

|  |
| --- |
| Enter your payment receipt number  |
|       |

1. Applicant’s declaration

I declare that:

* the information supplied in this application is true and correct to the best of my knowledge; and
* in making this application, I have not failed to provide material information relating to the matters addressed above; and
* I am authorised to provide this information on behalf of the applicant; and
* I consent to the department making enquiries and exchanging information with SafeWork NSW and other work health and safety regulators in other states regarding any matter relevant to this application.

|  |
| --- |
| Declaration |
| Name |       |
| Position title |       |
| Date |       |
| Signature | 2nd Applications Signature |

Note: Giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011*, and Part 5A of the
*Crimes Act 1900*.

1. Checklist

### Applicant details

[ ]  Have you completed all the relevant fields in the applicant details?

[ ]  Have you attached the certificate or other written evidence of the registration of the business name? (if applicable)

### Proposed activities

[ ]  Have you provided details of the activities you propose to carry out under this licence?

### Facilities and location

[ ]  Have you provided details of the facilities and location?

### Supervision by competent person

[ ]  Have you provided supervision details?

### Workers’ training

[ ]  Have you provided workers training details?

### Procedures

[ ]  Have you provided details on the procedures for activities carried out under the licence? Do procedures cover:

[ ]  how the proposed activities are carried out

[ ]  laboratory test methods

[ ]  accreditation certificate and last assessment report

[ ]  subcontracting

[ ]  reporting and records

### Equipment

[ ]  Have you provided details of equipment that will be used?

### Attachments

[ ]  Have you listed all attachments included with your application?

### Application fee

[ ]  Have you made payment according to the instructions in this form?

### Declaration

[ ]  Has the applicant signed and dated the applicant declaration?

1. Submitting the form

Email this form and all accompanying documentation to the Mining Competencies and Authorisation team at the Resources Regulator at:

* Email: mca@regional.nsw.gov.au

Please note: applications can only be accepted by email.

If you have any queries or need assistance submitting your supporting documentation, please contact the Resources Regulator on 1300 814 609 or at mca@regional.nsw.gov.au

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