

## Notification of demolition work

This form is to be used to notify WorkSafe ACT under Section 142 of the *Work Health and Safety Regulation 2011* of demolition work that is about to commence.

### How to fill in this form

Please refer to the Guidance Note – Demolition notification available on the WorkSafe ACT web site before completing this notification.

Please use black or blue ink only and print in BLOCK LETTERS.

Where options are provided, please mark box(es) with a  to indicate section(s).

Note: Electronic copies are suitable for a notification and all supporting documents.

### Fee

There is no fee for this notification.

**Enquiries** – 02 6207 3000

## PRIVACY INFORMATION

The personal information collected about you is collected for the purpose of assessing this Notice of Demolition Work.

This information may also be used by WorkSafe ACT for the purpose of confirming notifying person's details etc and may be provided to other State, Territory and Commonwealth work health and safety regulatory authorities, in accordance with the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2011* and the *Privacy Act 1988 (C'wlth)* and to other law enforcement agencies in the ACT and in other States, Territories and the Commonwealth.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information provided will not be accessed by any other third parties in a way that would identify the individual providing the Notice without the consent of that individual.

## 1 Type of Demolition (mark one box)

- Demolition of a structure, or part of a structure that is load bearing or otherwise related to the physical integrity of the structure, that is at least six metres in height. (The height of the structure means the height of the structure measured from the lowest level of the ground immediately adjacent to the base of the structure at the point at which the height is to be measured to its highest point.)
- Demolition work involving load shifting machinery on a suspended floor.
- Demolition involving explosives. (Please supply permit and/or licence number/s issued by WorkSafe ACT under the *Dangerous Substances (Explosives) Regulation 2004*)
- Demolition of a structure or part of a structure that contains, or has contained, loose fill asbestos insulation. (If the notification of demolition work relates to a structure or part of a structure affected by loose fill asbestos insulation, please submit this form to [worksafe\\_asbestos@act.gov.au](mailto:worksafe_asbestos@act.gov.au))

**Note 1:** A person needs to apply for and be issued necessary licences and/or permits relating to all explosives to be imported, transported, stored and used during demolition work. Please contact WorkSafe ACT for further information.

**Note 2:** Development approval may be required under the current Building Act and Regulation and you are advised to contact the ACT Planning and Land Authority and obtain such approval prior to commencement of work on site.

## 2 Details of the Person Notifying

- |   |  |
|---|--|
| <input type="checkbox"/> Person conducting the business or undertaking (PCBU) | <input type="checkbox"/> Emergency service |
|---|--|

### 2.1 Individual notifying person / contact person for the PCBU or the emergency service organisation

Title:	Surname/Family name:	First/Given name:
Daytime contact number:	Mobile number:	Fax number:

Email address

### 2.2 Body corporate / emergency service organisation details

Name of the body corporate/emergency service organisation:

Registered business (trading) name (only if different from legal name):

ABN:	ACN:
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### 2.3 Address for individual or registered business address for body corporate or emergency service

Unit/street number:	Street name:	
Suburb:	State:	Postcode:

## 2.4 Postal address

Same as address above or provided details below

Number:	Street name:		
Suburb:		State:	Postcode:

## 3 Details of the demolition

### 3.1 Address of the demolition

Unit/street number:	Street name:		
Suburb:		State:	Postcode:

### 3.2 Start and expected end date of the demolition work

Start date DD/MM/YYYY:	End date DD/MM/YYYY:
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### 3.3 Nature of the demolition work (e.g Type of structure include height, type of machinery to be used and whether explosives to be used or other information)

Add details here or provide details in an attachment if insufficient space:

#### 3.3.1 Will explosives be used for the demolition?

- Yes. Complete this section.  
 No. Please go to question 3.4.

Current Licence Number for shot fire issued by WorkSafe ACT:	Specific Blast Permit Number issued by WorkSafe ACT:
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**3.4 Is the value of the demolition work greater than \$250,000 or is the demolition in relation to a structure or part of a structure which contains or has contained loose fill asbestos insulation?**

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- Yes. Complete this section.  
 No. Please go to question 3.5.
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**3.4.1 Detail of the principal contractor**

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Title:	Surname/Family name:	First/Given name:	
Daytime contact number:	Mobile number:	Fax number:	
Email address			

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**3.4.2 Street Address**

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Unit/street number:	Street name:		
Suburb:	State:	Postcode:	

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**3.4.3 Postal address**

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- Same as address above or provided details below
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Number:	Street name:		
Suburb:	State:	Postcode:	

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**3.5 Is the demolition supervisor different from the principal contractor/PCBU?**

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- Yes. Complete this section.       No. Please go to question 4.
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**3.5.1 Detail of the demolition supervisor**

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Title:	Surname/Family name:	First/Given name:	
Daytime contact number:	Mobile number:	Fax number:	
Email address			

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**3.5.2 Street Address**

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Unit/street number:	Street name:		
Suburb:	State:	Postcode:	

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### 3.5.3 Postal address

Same as address above or provided details below

Number:

Street name:

Suburb:

State:

Postcode:

## 4 Others

### 4.1 Detail of competent person to supervise the demolition work

Title:

Surname/Family name:

First/Given name:

Daytime contact number:

Mobile number:

Fax number:

Email address

Qualifications:

Experience:

### 4.2 PCBU / Subcontractor must supply copy of following documents

- Electronic copy / Hard copy of general Risk Assessment of demolition work
- Electronic copy / Hard copy of Hazardous Material Survey
- Electronic copy / Hard copy of High Risk Construction work – Safe Work Method Statement (SWMS)
- Electronic copy / Hard copy of Asbestos Clearance Certificate (if asbestos has been removed prior to demolition)

### 4.3 Has ACT Planning and Land Authority clearance/permit been issued to demolish structure?

Permit issued

Yes. Please supply copy

No. Why? Provide details below

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**4.4 Has ACT Planning and Land Authority issued any licence to carry out the demolition work?**

Licence issued	<input type="checkbox"/> Yes. Please supply copy	<input type="checkbox"/> No. Why? Provide details below	<input type="checkbox"/> N/A
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**4.5 Have all persons conducting/undertaking the demolition work covered by this notification been trained in current safe work method of demolition work by a competent person / supervisor / PCBU?**

<input type="checkbox"/> Yes. Please supply copy of attendance register	<input type="checkbox"/> No. Why? Provide details below
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**4.6 Has the work plan required by AS 2601 been prepared and copy of plan available for WorkSafe ACT?**

Work plan available	<input type="checkbox"/> Yes. Please supply copy	<input type="checkbox"/> No. Why? Provide details below	<input type="checkbox"/> N/A
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## 5 Lodging your Notification

This notification must be faxed, emailed or mailed to WorkSafe ACT at least **5 days** before the work commences and for emergency service organisations, as soon as practicable. Notification is required to be made to WorkSafe ACT on a day that is not a weekend or public holiday;

Fax: 02 6205 0336

Email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Post: Manager - Reactive Services, WorkSafe ACT, P O Box 158, Canberra City ACT 2601.

## 6 Declaration by Person Notifying

I, the undersigned, hereby declare:

I have authority from the body corporate to complete and submit this notification (body corporate notifier).

The information in this notification is true and correct to the best of my knowledge.

I consent to WorkSafe ACT making enquiries and exchanging information with other ACT government department, other states, territories and / or the Commonwealth regarding any matter relevant to this notification.

Name:

Signature:

Date:

### Notification Checklist

Documents	Yes	No	N/A	Remark
Notification form is complete including signature in the declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of demolition permit from ACT Planning and Land Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of demolition licence issued from ACT Planning and Land Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of hazardous material survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of High Risk Construction work - SWMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Training attendance register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Work Plan as per AS 2601	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Asbestos Clearance Certificate (if asbestos has been removed prior to demolition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	