

**Health and Safety in Employment Regulations 1995
Industry in Partnership with ACC and DoL**

4. Notification of Particular Hazardous Work

Please mail or fax this Notification Form to your nearest DoL branch. Regulations 2 and 26 of the Health and Safety in Employment Regulations 1995 define Notifiable Work and set out who is responsible for making the notification. They are also quoted on the back of this form for your convenience. (If faxing this form, please return only the front page.)

Notification is hereby given under the Health and Safety in Employment Regulations 1995 in respect of the following work:

Nature of work (tick appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Scaffolding at a height of 5 metres or over (all kinds)
<input type="checkbox"/> Buildings and structures where a fall of over 5 metres may occur
<input type="checkbox"/> Use of a lifting appliance to lift 500 kg or more or a vertical distance of 5 metres or more
<input type="checkbox"/> Any narrow pit, shaft, trench or excavation more than 1.5 metres deep
<input type="checkbox"/> Drive, excavation or heading with ground cover overhead
<input type="checkbox"/> Excavated face over 5 metres deep with a face steeper than 63.4° (1 horizontal to 2 vertical)
<input type="checkbox"/> Other: | <input type="checkbox"/> Storage or use of explosives
<input type="checkbox"/> Work in or breathing, compressed air or air substitute
<input type="checkbox"/> Restricted work involving asbestos (as defined in regulation 2(1) of the Asbestos Regulations 1998)
<input type="checkbox"/> Demolition
<input type="checkbox"/> Tree felling in land clearance
<input type="checkbox"/> Tree felling in maintenance of overhead power lines |
|---|--|

Address of worksite: Main access road: Location:	<input type="checkbox"/> Contractor <input type="checkbox"/> Self Employed Business name: Address: Contact: Phone: Fax:
Principal/Employer: Address: Contact: Phone: Fax:	Certificate Holder: Certificate No: Phone: Fax: <i>(Please name certificate holder when notifying scaffolding, diving, asbestos or use of explosives.)</i>
Safety Supervisor:	Gold Card No: / HSIP Nat.Cert. Expiry Date:

Brief description of work:

Due date of commencement: ____/____/____

Estimated time to complete:

Date: ____/____/____

Signed:
(for Employer)