



FIREWORKS DISPLAY

NOTIFICATION OF PYROTECHNICS/FIREWORKS DISPLAY FORM

OFFICE USE ONLY
RECEIPT No.
RECEIPT DATE
FILE No.

EXPLANATORY NOTES

This form is used to by the holder of a Pyrotechnician's Licence to notify WorkCover of an intended pyrotechnic or fireworks use. Notification must be given at least 7 working days before the fireworks, signal or device is to be used.

LODGEMENT INSTRUCTIONS

1. You must complete all sections of this form.
2. Please ensure that prior to filling in this form you have read WorkCover's Operational Conditions for Pyrotechnics/ Fireworks Displays.
3. You must sign and date this notification by completing the declarations.
4. Where payment is made by credit card your application can be faxed to WorkCover Hazardous Activities Unit on 9287 5499. The copy of notification must be received within seven (7) days after the faxed notification.
5. Payment of \$50.00 (cheque or money order only) must accompany this form (by mail) if not faxed with credit card details.
6. This notification may be lodged via fax to 9287 5499 or copy of notification posted to WorkCover at
Hazardous Activities Unit
WorkCover NSW
Locked Bag 2906
Lisarow NSW 2252

PRIVACY COMPLIANCE STATEMENT

This information is collected by WorkCover New South Wales (WorkCover) for the purposes of undertaking an evaluation, assessment and processing a notification of dangerous goods on premises as required by the *NSW Explosives Act 2003* and the *Explosives Regulation 2005*.

This information may also be used by WorkCover for the purposes of confirming applicant details in the event replacement acknowledgements are applied for, and may also be used to establish and maintain a database and to assist the WorkCover inspectorate with their work generally.

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

You may also apply to WorkCover to access and correct any information WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to:

Privacy Contact Officer, WorkCover NSW Head Office, Locked Bag 2906, Lisarow NSW 2252

DECLARATION BY APPLICANT

I hereby notify WorkCover NSW of the intended fireworks display and declare that the details supplied on this form are true and correct.

I understand that failure to comply with safety requirements of the *Explosives Act 2003* the *Explosives Regulation 2005* and any associated legislation, Australian Standard 2187 Explosives Storage Handling and Use and Operational Conditions for WorkCover NSW Pyrotechnicians may result in the cancellation of my licence, and/or fines and/or prosecution.

Signature _____ Date ____ / ____ / ____

DO NOT send original documents to WorkCover NSW. Please retain original documents as they are your records and **MUST BE** produced on request to authorised officers of WorkCover, Police and other authorised persons.

1. NOTIFIER DETAILS (only Pyrotechnician's Licence Holders may notify)

Licence no. _____
 Pyrotechnician's name _____
 Business name of pyrotechnician (if applicable) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Phone (____) _____ After hours (____) _____

2. DETAILS OF ORGANISATION MANAGING THE DISPLAY EVENT

Name of organisation _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Phone (____) _____ After hours (____) _____ Fax (____) _____

3. DETAILS OF SELLER OF PYROTECHNICS/FIREWORKS

Name of organisation _____
 Sellers/Supply licence no. _____
 Business name of pyrotechnician (if applicable) _____
 Address _____
 Suburb _____ State _____ Postcode _____
 Contact telephone no (____) _____

4. DETAILS OF INTENDED DISPLAY

Street address and/or location _____
 Suburb _____ State _____ Postcode _____
 Date range _____
 Start time _____ Finish time _____

This notification must be received by WorkCover NSW
 7 working days prior to display.

5. REASON FOR DISPLAY (please tick and provide details as required)

- Organised public display for community / public organisation event
 Please provide verifiable details from the community/public organisation organising the event

- Theatrical and/or indoor
 Please provide verifiable details of theatrical/indoor event

- Technical non-display purposes
 Please provide verifiable details of technical/non-display purpose

6. TYPES OF PYROTECHNICS/FIREWORKS TO BE USED

- Ground Display
 - Chinese String Fireworks
 - Theatrical effects and/or pyrotechnics
 - Aerial salutes up to 75mm
 - Aerials (diameter) _____ mm (quantity) _____
- Total number of fireworks to be used _____

7. NOTIFICATION

NOTE: This notification is only valid where all the applicable agencies/parties have been notified in writing and where no objection is raised by those agencies/parties:

- It is mandatory to notify the local council in writing a minimum of seven (7) working days prior to the event. Please confirm that you have done or will do this by placing a tick ✓ in this box
- It is mandatory to notify the Police and Fire Brigade in writing two (2) working days prior to the event. Please confirm that you will do this by placing a tick ✓ in this box
- The following Authorities must be notified in writing two (2) working days prior to the event where required.
 - Air Sea Rescue
 - Port Authority
 - Water Police
 - Coast Guard
 - CASA (Civil Aviation Safety Authority)
 - Waterways Authority

(Please contact the authorities listed above to determine specific requirements)

Names of persons assisting with display (including licensed persons and trainees) Phone no.

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

8. RISK ASSESSMENT AND SAFE WORK METHOD STATEMENT

It is a condition of your Pyrotechnician's Licence that, prior to conducting a notified display, a written RISK ASSESSMENT (including site map) and safe work method statement have been completed.

Please indicate completion of: (by placing a tick ✓ in the box)

- Written RISK ASSESSMENT for this display Complete
- Safe Work Method Statements for this display Complete

PAYMENT OF NOTIFICATION FEE

By Cheque Enclose a cheque or money order made payable to: **WorkCover NSW** Notification fee \$50

By Credit Card Please charge my _____ American Express _____ Bankcard _____ Mastercard _____ Visa _____

Card No. _____ Card Expiry Date ____/____

Cardholder's name (please print) _____

Cardholder's signature _____

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