## Administrative update co-regulator contact template

*This template is to be used when Earth Resources Regulation requests that an administrative update submission includes co-regulator advice. Please contact Earth Resources Regulation before completing this form to ensure it is required.*

**Regulator** State the name of the regulator you are contacting.

**Work Authority Holder** The organisation that is submitting the administrative update.

**Contact Name** The person submitting the administrative update on behalf of the Work Authority Holder.

**Email** Provide your email address

**Phone Number** Provide your phone number

**Work Authority Number** WA number

**Planning Permit Number** Planning permit number if applicable

**EPA Licence Number** EPA licence number/s if applicable

**Other Relevant Licences or Permits** Licence/permit number if applicable

**Site Address/Coordinates** Street number, Street name, Suburb, Postcode

**Background** Describe the site, the operations on the site and details of approvals to work on the site. The background section should set the context for describing the proposed change, for example, if the proposed change relates to replacing equipment, details of existing equipment should be provided.

**Proposed Changes or Amendments** Describe the proposed change and any reasoning for the proposed change. Include any relevant information on location/ equipment/ timing etc.

**Reason it is being referred** Describe the reason it is referred to this agency, for example possible changes to air quality.

**Risk Assessment** Identify and assess the risk (likelihood and consequence) associated with the new (or changing) work. Include details of:

* inherent risk (the risk before control measures applied)
* control measures to reduce risks
* residual risk (the risk after control measures applied)
* any advice from suitability qualified experts regarding sensitive matters e.g. dust, noise, blasting etc.

**Community Consultation/ Engagement (if any)** outline any efforts made to engage with immediate/surrounding community if applicable.

**Confirmation** *(regulator to complete)*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your agency have any concerns or objections about the change/s detailed above? (please tick)

No ☐ Yes ☐ No (subject to conditions) ☐ Other (further information/ clarification required) ☐

Please provide an explanation: