D7 Administrative update co-regulator contact template

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

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| --- | --- | --- | --- | --- |
| **Work Authority Number:** | | **Work Authority Holder:** | | |
| WA number | | The organisation that is submitting the administrative update | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| **Contact Name:** | Click or tap here to enter text. | | | |
| The person submitting the administrative update on behalf of the Work Authority Holder | | | |
| **Email:** | Click or tap here to enter text. | | | |
| **Phone Number:** | Click or tap here to enter text. | | | |
| Work Authority Number: | | | Planning Permit Number (if applicable): | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | |
| EPA Licence Number/s (if applicable): | | | Other Relevant Licences or Permits (if applicable): | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **Site Address:** | Click or tap here to enter text. | | | |
| Suburb Click or tap here to enter text. | | | Postcode Click or tap here to enter text. |
| 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.  Click or tap here to enter text. | | | | |
| Proposed Changes or Amendments: | | | | |
| Describe the proposed change and any reasoning for the proposed change. Include any relevant information on location/ equipment/ timing etc.  Click or tap here to enter text. | | | | |
| Reason it is being referred: | | | | |
| Describe the reason it is referred to this agency, for example possible changes to air quality.  Click or tap here to enter text. | | | | |
| 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.   Click or tap here to enter text. | | | | |
| Community Consultation/ Engagement (if any): | | | | |
| Outline any efforts made to engage with immediate/surrounding community if applicable.  Click or tap here to enter text. | | | | |
| 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)  o No o Yes  o No (subject to conditions) o Other (further information/clarification required)  Please provide an explanation: | | | | |