



WORKPLACE STANDARDS TASMANIA

Department of Justice

Gas Act 2000
Gas (Safety) Regulations 2002

GAS FITTING NOTICE

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Office Use Only
WST Project No:

Gas Consumer

Business / Individuals Name
ABN:
Address of Works Undertaken:
Town/Suburb:
Phone: Fax: Email: Site Contact:

EXAMPLE

Qualified Gasfitter

Reference Number: Surname: Given Names:
Address:
Town/Suburb: Post Code: Postal Address:
Phone: Fax: Mobile: Email:
Working on Behalf of (Employer): ABN:

Gas Fitting Work (Tick appropriate boxes)

Gas Type

Liquefied Petroleum Gas (LPG)
Natural Gas (NG)
Liquefied Natural Gas (LNG)
Compressed Natural Gas (CNG)

Gas Storage System

Gas Installation

Design Standard
AS/NZS 1596
AS 3961
Other

Gas Storage Quantity

< 500L
500 - 5000L
> 5000L

Storage System Application

Gas Storage System
Gas Treatment Plant
Other

DAN #
(Design Approval Number - if applicable)

Proposed Commissioning Date:

Design Standard
AS 5601
AS 4041
Other

Gas Fitting Work

New
Alteration
Conversion
Hot Tap
>200 kpa

Gas Installation

Standard
Prescribed Standard
Complex
Caravan/Camper
Mobile Catering
Boat

Building Class

e.g. I(a)

C'van/Boat Reg #
or Chassis / VIN #
(Vehicle Identification Number)

Appliance Type

Type A
Type B
Individual Approval

Condition

New
2nd Hand
Reconditioned

Gas Supplier/Entity

Name:

MRN # 57 (NG ONLY)

MRN # 57 (NG ONLY)

Proposed Commissioning Date:

Brief Description of Gas Fitting Work:

Appliances Installed, Checked & Operating Safely: (only complete if a Standard Gas Installation)

Table with 6 columns: Certification, Approval or Compliance Number, Class e.g. Cooker, HWC, Boiler, MJ/Hr., Make, Model, Serial Number

Certificate of Compliance Sec. 66 Reg. 50 - Statement of Compliance Sec.77 Reg. 47

I certify/state that the gas installation and or gas storage system complies with the Gas Act 2000, Gas (Safety) Regulations 2002 and the applicable standards. The gas installation and or gas storage system has been commissioned and may be safely operated

Qualified Gas Fitters Signature: Date: