

Name of Occupier THE HEALTH Commission of N.S.W.  
(Surname) (First Names)  
Trading Name (if any) Peat Island Nurses Home  
Postal Address Post Office Postcode 2253  
Brooklyn  
Address of the premises in which the depot or depots are situated Pacific Hwy Postcode  
Elmoony Elmoony  
Occupation Govt Dept  
Nature of Premises Nurses Home

Particulars of construction of depots and maximum quantities of inflammable liquid and/or dangerous goods to be kept at any one time.

PLEASE SKETCH SITE ON BACK OR ATTACH PLAN

| Depot No. | Construction of depots * |      |       | Inflammable Liquid    |                    | Dangerous Goods                                 |                |            |                        |                  |                  |                |
|-----------|--------------------------|------|-------|-----------------------|--------------------|-------------------------------------------------|----------------|------------|------------------------|------------------|------------------|----------------|
|           | Walls                    | Roof | Floor | Mineral spirit litres | Mineral oil litres | Class 1 litres                                  | Class 2 litres | Class 3 kg | Class 4 m <sup>3</sup> | Class 5A# litres | Class 5B# litres | Class 9 litres |
| 1         | <u>Along road tank</u>   |      |       |                       |                    |                                                 |                |            |                        | <u>1250</u>      |                  |                |
| 2         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 3         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 4         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 5         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 6         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 7         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 8         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 9         |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| 10        |                          |      |       |                       |                    |                                                 |                |            |                        |                  |                  |                |
| TOTAL     |                          |      |       |                       |                    | PUBLIC REVENUE A/c<br><u>3.76</u> <u>No Fee</u> |                |            |                        |                  |                  |                |

\* If kept in tanks describe depots as underground or aboveground tanks.

# Insert water capacity of tanks or cylinders.

Name of Company supplying inflammable liquid

(Date)

Receipt No.

Have premises previously been licensed?

If known, state name of previous occupier

Signature of applicant

Date

### CERTIFICATE OF INSPECTION

I, e 24 Charles Jones being an Inspector under the Inflammable Liquid Act, 1915, do hereby certify that the premises or store described above does comply with the requirements of that Act and regulations with regard to its situation and construction for the keeping of inflammable liquid and/or dangerous goods in quantity and nature specified.

Signature of Inspector

Date





Box 05



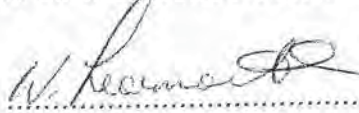
WORKCOVER  
NEW SOUTH WALES

WorkCover New South Wales, 400 Kent Street, Sydney 2000. Tel: 9370 6000 Fax: 9370 5999 ALL MAIL TO G.P.O. BOX 5364 SYDNEY 2001  
Licence No: 35/002836

## APPLICATION FOR RENEWAL OF LICENCE TO KEEP DANGEROUS GOODS

ISSUED UNDER AND SUBJECT TO THE PROVISIONS OF THE DANGEROUS GOODS ACT, 1975 AND REGULATION THEREUNDER

**DECLARATION:** Please renew licence number 35/002836 to 16/08/2001. I confirm that all the licence details shown below are correct (amend if necessary).

  
.....  
(Signature)

W. LEARMOUTH  
.....  
(Please print name)

16/8/00  
.....  
(Date signed)

for: COMMUNITY SERVICES DEPT

**THIS SIGNED DECLARATION SHOULD BE RETURNED TO: (please do not fax)**

WorkCover New South Wales  
Dangerous Goods Licensing Section  
GPO BOX 5364  
SYDNEY 2001

Enquiries: ph (02) 9370 5187  
fax (02) 9370 6104

### Details of licence on 27 June 2000

Licence Number 35/002836      Expiry Date 16/08/2000

Licensee COMMUNITY SERVICES DEPT  
PEAT ISLAND CTR

Postal Address: PEAT ISLAND CTR C/ POST OFFICE BROOKLYN NSW 2083

Licensee Contact COLLEEN JUPP Ph. 9985 0111 Fax. 9985 0133

Premises Licensed to Keep Dangerous Goods PEAT ISLAND OFF HWY  
COMMUNITY SERVICES DEPT PEAT ISLAND CTR  
PACIFIC HWY BROOKLYN 2083

Nature of Site PSYCHIATRIC HOSPITALS

Major Supplier of Dangerous Goods NOT APPLICABLE

Emergency Contact for this Site DIRECTOR OF NURSING OR ASSIST. Ph. 985 0111

Site staffing 24HRS 7DAYS

### Details of Depots

| Depot No. | Depot Type        | Goods Stored in Depot              | Qty    |
|-----------|-------------------|------------------------------------|--------|
| 44a       | ABOVE-GROUND TANK | Class 2.1                          | 2450 L |
|           |                   | UN 1075 PETROLEUM GASES, LIQUEFIED | 1000 L |
| 44b       | ABOVE-GROUND TANK | Class 2.1                          | 3125 L |
|           |                   | UN 1075 PETROLEUM GASES, LIQUEFIED | 1500 L |
| 45a       | UNDERGROUND TANK  | Class 3                            | 5250 L |
|           |                   | UN 1203 PETROL                     | 5250 L |
| 45b       | UNDERGROUND TANK  | Class 3                            | 2250 L |
|           |                   | UN 1203 PETROL                     | 2250 L |
| 4a        | ROOFED STORE      | Class 8                            | 500 L  |
|           |                   | UN 1791 HYPOCHLORITE SOLUTION      | 250 L  |
|           |                   | UN 1824 SODIUM HYDROXIDE SOLUTION  | 250 L  |

Form DG10





## APPLICATION FOR RENEWAL OF LICENCE TO KEEP DANGEROUS GOODS

ISSUED UNDER AND SUBJECT TO THE PROVISIONS OF THE DANGEROUS GOODS ACT, 1975 AND REGULATION THEREUNDER

**DECLARATION:** *Please renew licence number 35/002836 to 1998. I confirm that all the licence details shown below are correct (amend if necessary).*

*Colleen Jupp* ..... *COLLEEN JUPP* ..... *20-8-97*  
 (Signature) (Please print name) (Date signed)  
 for: COMMUNITY SERVICES DEPT

**THIS SIGNED DECLARATION SHOULD BE RETURNED TO:**

WorkCover New South Wales  
 Dangerous Goods Licensing Section (Level 3)  
 Locked Bag 10  
 P O CLARENCE STREET 2000

Enquiries: ph (02) 9370 5187  
 fax (02) 9370 6105

**Details of licence on 11 July 1997**

Licence Number 35/002836 Expiry Date 17/08/97

Licensee COMMUNITY SERVICES DEPT  
 PEAT ISLAND CTR

Postal Address C/ POST OFFICE, BROOKLYN 2083

Licence Contact *Colleen Jupp 998-0111*  
~~Lance Cox Ph. 985 0111 Fax: 985 0133~~  
*9985-0133*

Premises Licensed to Keep Dangerous Goods  
 PACIFIC HWY Peat Island off Hwy  
 BROOKLYN 2083

Nature of Site PSYCHIATRIC HOSPITALS Major Supplier of Dangerous Goods NOT APPLICABLE

Emergency Contact for this Site Director of Nursing or Assist. ph. 985 0111

Site staffing 24hrs 7days

**Details of Depots**

| Depot No. | Depot Type        | Goods Stored in Depot                                                       | Qty                     |
|-----------|-------------------|-----------------------------------------------------------------------------|-------------------------|
| 44a       | ABOVE-GROUND TANK | Class 2.1<br>UN 1075 PETROLEUM GASES, LIQUE                                 | 2450 L<br>1000 L        |
| 44b       | ABOVE-GROUND TANK | Class 2.1<br>UN 1075 PETROLEUM GASES, LIQUE                                 | 3125 L<br>1500 L        |
| 45a       | UNDERGROUND TANK  | Class 3<br>UN 1203 PETROL                                                   | 5250 L<br>5250 L        |
| 45b       | UNDERGROUND TANK  | Class 3<br>UN 1203 PETROL                                                   | 2250 L<br>2250 L        |
| 4a        | ROOFED STORE      | Class 8<br>UN 1824 SODIUM HYDROXIDE SOLUT<br>UN 1791 Sodium hypochlorite so | 500 L<br>250 L<br>250 L |



Application is hereby made for—  
described below.

\*a licence (or amendment of the licence)  
\*the transfer of the licence

for the keeping of dangerous goods in or on the premises

FEE: \$10.00 per Depot for new licence.  
\$10.00 for amendment or transfer.

(\*delete whichever is not required)

|                                                          |                                  |                |               |
|----------------------------------------------------------|----------------------------------|----------------|---------------|
| Name of Applicant in full (see over)                     | HEALTH DEPT.                     |                |               |
| Trading name or occupier's name (if any)                 |                                  |                |               |
| Postal address                                           | PEAT ISLAND HOSPITAL<br>BROOKLYN |                | Postcode 2253 |
| Address of the premises including street number (if any) |                                  |                | Postcode      |
| Nature of premises (see over)                            |                                  |                |               |
| Telephone number of applicant                            | STD Code 02                      | Number 4552211 |               |

Particulars of type of depots and maximum quantities of dangerous goods to be kept at any one time.

| Depot number | Type of depot (see over) | Storage capacity | Dangerous goods      | C & C Office use only |
|--------------|--------------------------|------------------|----------------------|-----------------------|
|              |                          |                  | Product being stored |                       |
| 1            | Roofed Rackage Store     | 650              | 3.1 3.2 3.3          |                       |
| 2            | Underground tank         | 5450             | 3.1 PETROL           |                       |
| 3            | " "                      | 2500             | 3.1 "                |                       |
| 4            | Underground tank         | 3125             | 2.1 L.P.G            |                       |
| 5            | " "                      | 2450             | 2.1 " "              |                       |
| 6            | Chlorine Store           | 140kg            | 2.3 Chlorine Gas     |                       |
| 7            | Underground tank         | 2500             | 2.1 L.P.G            |                       |
| 8            | Underground tank         | 2x9              | 2.1 L.P.G            |                       |
| 9            |                          |                  |                      |                       |
| 10           |                          |                  |                      |                       |
| 11           |                          |                  |                      |                       |
| 12           |                          |                  |                      |                       |

Has site plan been approved? Yes ☒ No ☐ If yes, no plans required.  
If no, please attach site plan.

Have premises previously been licensed? Yes ☒ No ☐ If yes, state name of previous occupier.  
HEALTH DEPT.

Name of company supplying flammable liquid (if any) B.P

Signature of applicant ..... Date 2/12/84

For external explosives magazine(s), please fill in side 2.

FOR OFFICE USE ONLY

### CERTIFICATE OF INSPECTION

I, being an Inspector under the Dangerous Goods Act, 1975, do hereby certify that the premises described above do comply with the requirements of the Dangerous Goods Act, 1975, and the Dangerous Goods Regulation with regard to their situation and construction for the keeping of dangerous goods of the nature and in the quantity specified.

Signature of Inspector ..... Date .....

Licence No. 35-002836.4



premises described below.

(\*delete whichever is not required)

FEE: \$10.00 per Depot

|                                                                                                           |                                    |                      |
|-----------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|
| Name of Applicant in full (see over)                                                                      | <i>Health Commission of N.S.W.</i> |                      |
|                                                                                                           | Surname                            | Given Names          |
| Trading name or occupier's name (if any)                                                                  | <i>Pear Island Hospital</i>        |                      |
| Postal address                                                                                            | <i>P.O. Brooklyn</i>               | Postcode <i>2253</i> |
| Telephone number of applicants                                                                            | STD Code                           | Number               |
| Address of the premises in or on which the depot or depots are situated (including street number, if any) | <i>Pear Island</i>                 |                      |
|                                                                                                           | <i>clonney clonney</i>             | Postcode             |
| Nature of premises (see over)                                                                             | <i>Hospital</i>                    |                      |

PLEASE ATTACH SITE PLAN

Particulars of type of depots and maximum quantities of dangerous goods to be kept at any one time.

| Depot number | Type of depot (see over) | Storage capacity | Dangerous goods      |                       |
|--------------|--------------------------|------------------|----------------------|-----------------------|
|              |                          |                  | Product being stored | C & C Office use only |
| 1            | <i>Package Store</i>     | <i>650</i>       | <i>P.E.3.</i>        | <i>6.020.72</i>       |
| 2            | <i>Underground Tank</i>  | <i>5450</i>      | <i>✓</i>             | <i>2.020.53</i>       |
| 3            | <i>✓</i>                 | <i>2500</i>      | <i>✓</i>             | <i>2.020.33</i>       |
| 4            | <i>Underground ✓</i>     | <i>3125</i>      | <i>L.P.E</i>         | <i>1.100.33</i>       |
| 5            | <i>✓</i>                 | <i>2450</i>      | <i>✓</i>             | <i>1.100.23</i>       |
| 6            | <i>Cylinders</i>         | <i>140 kg</i>    | <i>Chlorine</i>      | <i>7.040.12</i>       |
| 7            |                          |                  |                      |                       |
| 8            |                          |                  |                      |                       |
| 9            |                          |                  |                      |                       |
| 10           |                          |                  |                      |                       |
| 11           |                          |                  |                      |                       |
| 12           |                          |                  |                      |                       |

Name of company supplying flammable liquid (if any)

*B.P.*

Have premises previously been licensed?

*Yes*

If known, state name of previous occupier

Licence No. *2836*

Signature of applicant

*W. M. M. M.*

Date *8-8-78*

For external explosives magazine(s), please fill in side 2.

FOR OFFICE USE ONLY

CERTIFICATE OF INSPECTION

*William A. M. M.* being an Inspector under the Dangerous Goods Act 1975, do hereby certify that the premises described above do comply with the requirements of the Dangerous Goods Act 1975, and the Dangerous Goods Regulation with regard to their situation and construction for the keeping of dangerous goods of the nature and in the quantity specified.

*3-5-79.*

Signature of Inspector

*W. M. M. M.*