

Department of Justice

Consumer, Building and Occupational Services

Gas Standards & Safety

PO Box 56, Rosny Park, TAS 7018

Phone: 1300 654 499 Fax 03 6173 0205

Email: cbosinfo@justice.tas.gov.au Website www.justice.tas.gov.au



Tasmanian Government

Application for Acceptance

Complex/Prescribed Standard Gas Installation

Information pursuant to Regulation 46 of the Gas (Safety) Regulations 2014

This application must be submitted to the Director of Gas Safety for acceptance to commission a complex gas installation or standard gas installation of a prescribed class in accordance with s.77 of the Gas Act 2000. Please include the completed and unsigned **Yellow Copy** of the Gas Fitting Notice with this application.

Gas Fitting Notice Number

Installation Details * Where necessary, attach additional information
 ** Contact your Local Gas Inspector for appropriate guidelines/updated information

	<input type="checkbox"/> Copper AS 1432 Class <input type="text"/>	<input type="checkbox"/> Copper AS 1572 Class <input type="text"/>	<input type="checkbox"/> Stainless Steel BS 7838 (Corrugated semi-rigid)
	<input type="checkbox"/> Stainless Steel ASTM A 269 Grade 316 <input type="text"/>	<input type="checkbox"/> Black Steel (tick applicable design standard) <input type="checkbox"/> ASTM <input type="checkbox"/> A53/A5 <input type="checkbox"/> AS 1074 <input type="checkbox"/> ASTM A106 <input type="checkbox"/> ASP SPEC 5L Grade <input type="text"/>	
If the Black Steel is buried underground, what form of corrosion protection will be used? <input type="text"/>			
	<input type="checkbox"/> Galvanised Steel (tick applicable design standard) <input type="checkbox"/> AS1074 <input type="checkbox"/> API SPEC 5L <input type="checkbox"/> ASTM A53/A5M <input type="checkbox"/> ASTM A106 Grade <input type="text"/>		
	<input type="checkbox"/> Polyethylene AS/NZS 4130 Class <input type="text"/>	<input type="checkbox"/> Polyamide AS 2944.1	<input type="checkbox"/> UPVC AS 1464.1
	<input type="checkbox"/> Composite AS 4176 Make <input type="text"/>		
Refer Manufacturers' Instructions and contact your local Gas Inspector for relevant guidelines.			

Jointing Method*

Screw Weld Braze Flange Compression
 Electrofusion Butt fusion Crimping tool Solvent cement

Maximum operating pressure of installation*

kPa or Over 200kPa (Refer r.62 & contact your local Gas Inspector for relevant guidelines)

Details of pressure test
 AS 5601.1 - Appendix E*
 (NOTE - If the volume of pipe work exceeds 30L provide test details that comply with standard IGE/UP/1).

Approximate test volume is Litres Test Equipment Type

Test Medium used Pressure Tests Proposed E4 E5 E6 Test duration hours minutes

Details of installation over pressure protection
 AS 5601.1 Section 5.2.1 & 5.2.2
 (Note: for stage reductions greater than four please attach additional information)

OPSO Vent valve Internal relief
 Other

All stage operating pressures kPa:
 A B: C: D:

(A = 1st stage outlet of distribution service / 1st stage regulator);
 (B = 2nd stage regulator outlet) (C= 3rd stage regulator outlet) D=4th Appliance regulator)

How many stages of pressure reduction are proposed?

A - Make and Model:
 B - Make and Model:
 C - Make and Model:
 D - Make and Model:

The pressure(s) that the over pressure protection device will be set to trip at: kPa kPa kPa

Details of installation purge /Displacement of Air AS 5601.1 - Appendix D *	<input type="checkbox"/> Air to gas small volume Up to 0.03m ³ (30L)	<input type="checkbox"/> Air to gas large volume > 0.03m ³ (30L) Location of purge point is <input type="text"/>
Details of installation purge Displacement of Gas AS 5601.1 – Appendix D *	<input type="checkbox"/> Gas to air small volume Up to 0.03m ³ (30L)	<input type="checkbox"/> Gas to air large volume > 0.03m ³ (30L) <input type="checkbox"/> Details of gas purge provided
Air supply to appliances AS 5601.1– Section 6.4	Total room volume m ³ <input type="text"/> Number of rooms affected <input type="text"/> Total gas consumption of appliances in room Mj/hr <input type="text"/>	ref <input type="text"/> Insert <input type="text"/>

Other Details		
Is a Type B Appliance being installed? Note: Pursuant to Regulation 46(2) this application will not be accepted until the Office of the Director of Gas Safety has received an application to accept the Type B Appliance (TBA006).	<input type="checkbox"/> Yes <input type="checkbox"/> No Appliance description (eg boiler) <input type="text"/> Name of person performing the Type B gas fitting work <input type="text"/>	
Will there be any Hot Tapping Work	<input type="checkbox"/> Yes Refer to guideline GIS21 and Gas (Safety) regulation r. 62	<input type="checkbox"/> No
Is commissioning gas required in excess of 48 hours?	<input type="checkbox"/> Yes Contact gas supplier or distributor	<input type="checkbox"/> No
Will the installation be located on an easement? e.g. Tas Networks or Private.	<input type="checkbox"/> Yes ** Refer to the Office of the Director of Gas Safety for Technical Policy	<input type="checkbox"/> No
Will the installation be located on Public Land?	<input type="checkbox"/> Yes ** Refer to the Office of the Director of Gas Safety for Technical Policy	<input type="checkbox"/> No
Will trenchless technology be used? e.g HDD.	<input type="checkbox"/> Yes * Refer to Information Sheet IS151	<input type="checkbox"/> No
Does any element of the proposed installation deviate from the means of compliance sections of AS 5601.1 (If yes, provide design specifications and drawings together with justifications for the deviations. Include an analysis of risk resulting from the deviation in accordance with AS 4630. Provide evidence of compliance with performance based design and other essential performance requirements within Section 2 of AS 5601.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Appliance Flue details Include your design calculations where relevant. AS 5601.1 Sec 6.7, 6.8 and 6.9 Appendix H * Flue drawing Provide basic front and side elevations, depicting the flue's orientation, number of bends or offsets. Accurate measurements are required from the nearest walls to verify its location within the room or closest applicable boundary and or reference points. (A drawing is required for each flue installation, attach additional pages if necessary).	Front Elevation <input type="text"/>	Side Elevation <input type="text"/>
	<input type="text"/>	<input type="text"/>

Installation Site Plan

A site plan of the proposed gas installation must be submitted with this application. Note: Additional details such as an isometric drawing when the installation is installed within multiple stories or greater scaled plans may be requested depending on the complexity of the installation and when the Director deems more detail deems more information is required to complete the application.

Site plan that's included with this application (please indicate):

Yes: Site plan to scale of 1:200

Yes: Site plan to scale of 1:

please specify

other

please specify

Information to be included on site plan and submitted where applicable*

- Pipe alignment, pipe materials, pipe lengths, pipe diameters and pipe wall thickness
- Gas Pipe work within boundary of property*
- Indicate North in the top right hand corner*
- Indicate the precise locations of:
 - Billing meters and gas storage systems
 - Appliances
 - Filters
 - Aerial photograph marked up *
- Gas pipe work within boundary of property
- Depth of cover if buried
- Equipment enclosures and ventilation
- Sub meters
 - Pressure control and protection
 - Support details
 - Expansion, contraction details *
 - Protection details (bollards/barriers) *

NOTE: Sub-standard or incomplete site plans may be returned to the application for resubmission.

The Director requires a minimum of 14 days to process an application. Ensure all information is completed and attached to avoid acceptance and commissioning delays.

I certify that this installation will meet the requirements of the *Gas Act 2000* and *Gas (Safety) Regulations 2014*

Signed

Date

Name

Note: Section 128 of the Gas Act 2000 prescribes a penalty of up to \$7000 for a person making a false or misleading statement or representation.

If found guilty of commissioning a complex/prescribed standard gas installation without prior acceptance from the Director could result in a penalty of up to \$28,000 pursuant to Section 77 of the Gas Act 2000.

Mail, fax or email application with plans to:

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Appendix I - Installation Site Plan



Components and appliances schedule. Provide details of components that form part of the gas installation, including appliances, regulators, shut off valves, pressure relief valves etc and indicate location of item on the site plan. Provide additional pages where necessary.

Item	Cert Number	Description	Make	Model	Serial Number	Mj/hr	Pressure Max
eg I or A	8373	Commerical oven	Cook It	GCT652	G1638291	65	2.75kPa

Site Plan

This format is acceptable for submission to the Director of Gas Safety when applying for the acceptance of a Complex or Prescribed Standard Gas Installation. Provide additional drawings where relevant

Drawn By	Project
<input type="text"/>	<input type="text"/>
Scale: 1:200	
Date	Drawing Number
<input type="text"/>	<input type="text"/>
Gas Fitting Notice Number	<input type="text"/>

