

NATIONAL HALON ESSENTIAL USES PANEL

APPLICATION FOR EXEMPTION

Name:.....

Address:.....

Contact Person:

Phone:Facsimile:

1. Do you want to: (Please tick one)

- Continue to use an existing halon extinguisher
- Install a new halon extinguisher
- Relocate an existing halon extinguisher
- Refill an existing halon extinguisher
- Continue to use halon as a refrigerant
- Install a new halon refrigeration system.

2. Please indicate location of the fire extinguishers

or

Location of refrigeration plant

3. Description of halon:

Halon Type: .1211 (BCF) 1301 (BTM)

Number of extinguishers/systems...

Size (Kg's):Total quantity:

4. Under which criteria does proposed use qualify and why? (if insufficient space please attach)

5. Please explain why alternative fire protection system and/or measures cannot be used. (if insufficient space please attach):

* If the Panel recommends essential use status, their advice to State and Territory environment authorities should include advice on conditions to be imposed on any relevant authorisations. These could include:

- recommendations on the specific period to be covered by an essential use authorisation;
- reporting of discharges to the relevant State organisation;

- planned preventative action to avoid further discharges; and
- any other conditions that the Panel believes necessary on a case by case basis.

Please indicate the quantity of halon used during the last year.

If the application is for a new system this is not required.

For fire systems please include number of events and a brief description of the circumstances.

Nature of discharge (use additional pages if required)

Live firing

Maintenance induced discharge

System failure

Unknown - including losses in warehousing

For Refrigeration Systems

Quantity lost during the period.

SIGNED: DATE:

NAME: POSITION IN COMPANY: