

Common User Facility

User Activity Questionnaire

* Denotes fields that must be completed

1. COMPANY DATA

Company Name*: _____

Company Address* (WA or National Headquarters): _____

Commercial Manager*: _____ Ph: _____ Ext: _____

Fax: _____ Email: _____

Invoice Contact Person: _____ Ph: _____ Ext: _____

Fax: _____ Email: _____

Site Contact Person (at AMC CUF): _____ Ph: _____ Ext: _____

Fax: _____ Email: _____

Emergency Contact Person 1: _____ Mobile: _____

Emergency Contact Person 2: _____ Mobile: _____

For your company's proposed operations and activities **at the CUF** is there documentation for:

- | | | |
|-----------------------------------|---------------------------|--------------------------|
| 1. Environmental Management? | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. OHS Management? | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Employee Relations Management? | Yes <input type="radio"/> | No <input type="radio"/> |

If yes, please provide title and date of document:

For your company's overall operations **state-wide or nationally** are there documented plans for:

- | | | |
|-----------------------------------|---------------------------|--------------------------|
| 1. Environmental Management? | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. OHS Management? | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Employee Relations Management? | Yes <input type="radio"/> | No <input type="radio"/> |

If yes, please provide title and date of document:

2. ACTIVITY DESCRIPTION AND TASKS AT THE CUF

What project will be undertaken at the CUF?

Please tick all tasks which are undertaken as part of the manufacturing of the product or service and indicate the frequency that these activities would occur. (Daily / Weekly / Monthly)

- | | D | W | M | | D | W | M | | |
|--|-----------|--------------------------|--------------------------|--------------------------|---|-----------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> Welding | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Pipeline Testing | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Grinding | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Bilge Clearing..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Metal Cutting..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Abrasive Blasting**..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Construction..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Hydrowashing..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Spray Painting* | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Hull/Metal Scraping..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Brush Painting | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Chemical Storage & Handling.... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Metal Coating | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Explosive Storage & Handling.... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Lubricating | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Loadout..... | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Cranage / Lifting | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Working from Scaffold/Platforms/Baskets | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Use of Hydraulic Machinery | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Working with Asbestos*** | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="radio"/> Fuel Transfer | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Others (attach a list) | | | | |
| <input type="radio"/> Washing | Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

* Spray Painting activities greater than 1000L per year require a DEC License 'Environmental Protection Regulations (WA) 1987 (Schedule1; Part 2; Category 81)'. Copies must be provided to the Facility Manager prior to the commencement of activities.

** ALL Abrasive Blasting activities require DEC Registration 'Environmental Protection Regulations (WA) 1987 (Schedule2)'. Copies must be provided to the Facility Manager prior to the commencement of activities.

*** ALL Asbestos work must comply with 'Occupational Safety and Health Regulations (WA) 1996 (Sections 5.42 - 5.52)'.

Please briefly explain other activities or comment on the tasks being performed.

Please tick YES to which Environmental Aspects and Risks pertain to your activities:

- | | |
|---|--|
| <input type="radio"/> TBT Release | <input type="radio"/> Oily Rag (Hydrocarbon Contaminates) Waste Generation |
| <input type="radio"/> Quarantine | <input type="radio"/> Ballast Water Discharge (Floating Dock Excluded) |
| <input type="radio"/> Waste Generation | <input type="radio"/> Bilge Water Discharge |
| <input type="radio"/> Chemical Waste Generation | <input type="radio"/> Sewage Waste Generation |
| <input type="radio"/> Hydrocarbon Waste Generation | <input type="radio"/> Ship Bilge Waste Generation |
| <input type="radio"/> Airborne Paint Getaway | <input type="radio"/> Noise Generation |
| <input type="radio"/> Oil / Chemical / Fuel Spillage or Discharge | <input type="radio"/> Erosion |
| <input type="radio"/> Abrasive Blasting Material Getaway | <input type="radio"/> Vessel Fire and/or Explosion |
| <input type="radio"/> Dust and Particle Disturbance and Release | <input type="radio"/> Radioactive Waste Generation |
| <input type="radio"/> Solid Waste Generation | <input type="radio"/> Lead Waste Generation |
| <input type="radio"/> Stormwater Drainage and Runoff | <input type="radio"/> Asbestos Waste Generation |
| <input type="radio"/> Dangerous Goods Storage and Use | <input type="radio"/> Noxious Weeds Population Increase |
| <input type="radio"/> Hydrowash Waste Generation | <input type="radio"/> Pest and Feral Animal Population Increase |
| <input type="radio"/> Paint Sloughing | <input type="radio"/> Quarantine Waste Generation |
| <input type="radio"/> Warehouse or Workshop Fire / Explosion | |

Employee Relations:

1. Do you employ an Employee/Industrial Relations Manager / Advisor?

Yes No

2. List the types of work to be performed by your employees/contractors at the AMC CUF e.g. fabrication; stevedoring etc.

3. Are you employing subcontractors? Yes No

4. Are there legally enforceable employee agreements/contracts in place for all personnel working at the AMC CUF?

Yes No

5. List agreements/types of contracts being used.

3. GENERAL INFORMATION

| Land Use Area (M ²) to be used: | No. of employees (excluding contractors) on site: | No. of contractors used: |
|---|---|--------------------------|
| | | |

| Machinery and equipment used: |
|-------------------------------|
| |

Temporary Facilities:

1. Are you going to use temporary facilities? Yes No
2. Will you be supplying these yourself? Yes No

4. GENERAL COMMENTS

| In regards to your activities at the CUF please provide a risk assessment of the proposed activities your intended management practise: |
|---|
| |

5. FACILITY MANAGER COMMENTS

| For Facility Manager's Use Only: |
|----------------------------------|
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