

Certified Handler Certificate (CHC) Application Form $2024_{\text{ vrs }6}$

2487 Whangarei Heads Road McKenzie Bay R.D 4, Whangarei Phone: 021 557756 & 09 4340168

(Please ensure all sections of the application Form have been completed fully in English and is Legible)

Toxic Substances

Previous CHC/CSL No.

Agricultural Chemical

Email: wic@xtra.co.nz

New CHC or

Fumigants

Renewal CHC

Type of CHC App	olicati	on
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VTA

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Persona	al Information Required				
Applica	ant Name:				
Applica	ant Work Industry:			Date of Bi	irth:
Primar	y Identification:	Passport	Fire Arm Licence	Birth Cert	Marriage Cert (Name change
Physica	al Residential Address:				
Person	al Email:			Personal Phone:	
Workpl	ace Information Required	- relating to the I	Hazardous Substance (HS)		
Compa	ny Name (PCBU):			Phone:	
PCBU C	Contact:			Email Address:	
Compa	ny Address:				
<u>(a)</u>	Describe the work involving HS	requiring a CHC:			
<u>(b)</u>	Provide details relating to HS Re	egulation and Practica	l Training, including Skills Assessm	ent Evidence:	
	External Training Use	ed Trai	ning Organisation		
	Training Date:		If to Unit Standards L	ist	N/A
	Internal Training Use	d	Trainers Name		
	Attach Course Conte	nt, Certificates	, Marked Assessment F	Forms	Other

Employer/PCBU to Complete the following Workplace Assessment: (by an Internal Trainer/Supervisor/On-site External Trainer)

Has the applicant undertaken/passed a HS safety assessment (provide evidence)	Yes	No	N/A
Has the applicant been trained in using the correct HS PPE/ wearing a respirator?	Yes	No	N/A
Does the applicant know how the HS can harm them and likely pathways of exposure?	Yes	No	N/A
Is the applicant able to complete tracking procedure requirements? (provide evidence)	Yes	No	N/A
Does the applicant have any learning difficulties which need to be considered?	Yes	No	N/A
Does the applicant understand the HS Hazards & Risks within the scope of this application?	Yes	No	N/A
Does the company undertake health monitoring of the applicant?	Yes	No	N/A
Does the applicant need to purchase HS's and have an overall HS safety management control?	Yes	No	N/A

Identify the HS skill level of the applicant. (tick one)

Highly Skilled	Works Unsupervised	Undergoing Training	Not Trained
Assessors Name:	Position:		
Assessors Years' of Experience with HS:	Date:	Signature:	

Provide Evidence to Support Life Cycle Coverage Selection: (Provide evidence to support each Life Cycle selected from the lists below for each HS selected.)

Use: Generally required when undertaking work with a HS when applying, mixing, processing, consuming, moving it around within a work activity.

- Photo or documentation the applicant can complete Tracking documentation
- Photo or video of the safe work practice relating to its use within the scope of normal work (can include use of PPE and Disposal of HS)
- Photo of signage that is required within the area of use (access point in areas using VTA's, establishment of Buffer Zones for Fumigation, spray warnings for Agrichemical Spraying)
- Signage and Security when HS are being moved by Vehicles or left unattended (lock boxes, isolation from humans and animals, with signage).
- Provide documented safe work practices regarding the specific risks of harm posed by the HS (include the steps to mitigate these).
- Evidence of SDS files being available to workers (issued within the last 5 years required for all life cycles)

Storage: Required life cycle to purchase and store HS that trigger a CHC

- Photos of the general storage area (all of the inside and access and egress from the outside)
- Full inventory of all HS within the storage location
- Tracking Records of all Class 6.1 A & B and Controlled HS (as per the HS regulation requirements)
- Signage at the location (pictograms, Hazchem signage, warnings, emergency actions)
- Security against access by anyone other than Authorised Persons
- PPE required to be used at the Storage
- HS safe storage procedures and Emergency Readiness (could be: eye washes, fire extinguishers, respirators, procedures managing separation distances)
- Any specific roles/duties a CHC must undertake
- If the amount of HS in the workplace triggers a Location Compliance Certificate (LCC) please provide that Certificate.
- Evidence of SDS files being available to workers (issued within the last 5 years even when "use" has not been selected)

Disposal: Required to dispose of HS no longer able to be used or is a waste product that remains an identifiable HS

- Please provide evidence of safe collection practices and storage of HS Waste
- Photo of equipment for disposal (spade for VTA's, the triple washing of containers for Agrichemicals)
- Provide Tracking records relating to Disposal.

Transport: Transport life cycle is only required for amounts of HS being transported that trigger DG transport regulations, lesser amounts can be considered tools of the trade.

- Provide a current D drivers licence endorsement
- Provide evidence/photos of road vehicle, signage and any specialised equipment/processes
- Provide evidence of security while in transit and maintenance of separation distances if applicable.
- Provide evidence of emergency equipment and planning relating to the HS during transit

Manufacturing: (Note: that manufacturing of HS that requires a CHC is rare, in such applications direct contact will be made with the PCBU to gain required verifications)

- Provide detailed training and skills assessment details relating to the manufacturing process provided to the applicant
- Provide a HS manufacturing inventory with Hazardous classifications and EPA approvals
- Detail how raw materials are processed to create the new HS require coverage by a CHC
- Provide detailed SDS, PPE and Tracking information relating to the entire manufacturing process

List additional information and somment you wish to have considered:

CHC Coverage Relating to VTA Hazardous Substances

Vertebrate Toxic Agents (EPA – Approved) (Only Select Substances You Have Training and Skills With)	List the related Hazardous Substance Classifications for each selected HS (mandatory)	Describe the Risks and Actions needed in the event of an Emergency Spillage or Poisoning Event for selected HS (mandatory)	Years of Experience working with the HS (mandatory)
3-chloro-p-toluidine Hydrochloride (DRC 1339)	(, , ,	(mandatory)
,			
Use Storage Disposal Transport Manufacture			
Alpha-chloralose			
•			
Use Storage Disposal Transport Manufacture			
Microencapsulated Zinc Phosphide (MZP)			
Use Storage Disposal Transport Manufacture			
Para-aminopropiophenone (PAPP)			
Use Storage Disposal Transport Manufacture			
Yellow Phosphorous			
Use Storage Disposal Transport Manufacture			
Potassium Cyanide			
Use Storage Disposal Transport Manufacture			
Sodium Cyanide			
Use Storage Disposal Transport Manufacture			
Sodium Fluoroacetate (1080) Bait			
Use Storage Disposal Transport Manufacture			
Sodium Fluoroacetate (1080) Liquid			
Use Storage Disposal Transport Manufacture Magnesium Phosphide (MagToxic)			
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W 0 D T T			
Use Storage Disposal Transport Manufacture Describe the work the Applicant undertakes:			
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Work Injury Care Ltd Terms of Engagement & Disclaimer 1. Confidentiality: All information provided to Work Injury Care Ltd (WIC) will be kept confidential. 2. Conflicts of Interest: If a conflict of interest arises WIC will advise an Applicant. 3. WIC holds Professional Indemnity Insurance & Public Liability Insurance cover. 4. Problems & Complaints: Please tell WIC promptly if unhappy with, or uncertain about any aspect of our work or billing. 5. Application Cost: No Application is formally accepted until all fees have been paid unless prior 7. ice

arrangements are made with the PCBU/Trainer. 6. Termination: WIC may te Advice Statement: In providing services, WIC and the Certifier do not accept is opinion only, based on the facts known to us and provided by the applica parties. We will not owe any other party any duty or liability in respect of ar communications are lost or affected for some reason beyond our control, w	t responsibility or liability to any parties who may be affected by nt and there PCBU. We are not liable for errors in, or omissions ny related or other matters. We may communicate with you and	y our performance of the services. Our advi from any information provided by third
If accepted please sign and submit to Work Injury Care Ltd at the ϵ	email address provided:	
Applicant Name:	Signature:	Date:
PCBU Name:	Signature:	Date:

CHC Coverage Relating to Fumigant Hazardous Substances

Applicant Name:

PCBU Name:

Fumigants (EPA – Approved)	List Hazardous Substance Classifications for selected HS (mandatory)	Describe the Risks and Actions needed in the event of an Emergency Spillage/Poisoning Event for selected HS (mandatory)	Years of Experience
Methyl Bromide	(mandatory)		
Methyl Bronnac			
Use Storage Disposal Transport Manufacture Phosphine			
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Use Storage Disposal Transport Manufacture Hydrogen Cyanide			1
nydrogen Cyamide			
Use Storage Disposal Transport Manufacture			
Magnesium Phosphide			
Use Storage Disposal Transport Manufacture			<u> </u>
Aluminium Phosphide			
Use Storage Disposal Transport Manufacture			
Potassium Cyanide			
Use Storage Disposal Transport Manufacture			
Sodium Cyanide			
Use Storage Disposal Transport Manufacture			
Chloropicrin			
Use Storage Disposal Transport Manufacture			
Dichoropropene			
Use Storage Disposal Transport Manufacture			
Dichoropropene & Chloropicrin			
Use Storage Disposal Transport Manufacture			
Describe the work the Applicant undertakes:			-1
Interest: If a conflict of interest arises WIC will advise an Applic tell WIC promptly if unhappy with, or uncertain about any asperarrangements are made with the PCBU/Trainer. 6. Termination Advice Statement: In providing services, WIC and the Certifier is opinion only, based on the facts known to us and provided by	cant. 3. WIC holds Professional Indemect of our work or billing. 5. Application: WIC may terminate this engagement do not accept responsibility or liability the applicant and there PCBU. We are spect of any related or other matters	provided to Work Injury Care Ltd (WIC) will be kept confidential. 2 nity Insurance & Public Liability Insurance cover. 4. Problems & Co on Cost: No Application is formally accepted until all fees have been at at any time if requested information is not received within a really to any parties who may be affected by our performance of the seare not liable for errors in, or omissions from any information provers. We may communicate with you and with others by electronicing damage or loss caused thereby.	mplaints: Please n paid unless prior sonable period. 7. ervices. Our advice ided by third
If accepted please sign and submit to Work Injury Care	Ltd at the email address provide	ed:	

Signature:

Signature:

Date:

Date:

PCBU/Internal Skills (Agrichemical and Toxic Substances – Class 6.1 A & B)

Substances for Class 6.1 A & B Substance Classifications for each HS (mandatory) Floase list all Class 6.1 A & B Hazardous Substances (H/S) Agrichemicals For Retail Sale Only (attached within an inventory or SDS for retail sale)	Agricultural 9: Tayla Uses	rdous	List the full Hazardous	Describe the Risks and Actions needed	lin
Classifications for each HS (mandatory) Poisoning Event (mandatory)	_				
Mease Ist all Class 6.1 A & B Hazardous Substances (H/S) Agrichemicals For Retail Sale Only (attached within an inventory or SDS for retail saile)	Substances for Class 6.17	АОБ			
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	Sheep	Arable	Spray Contractor	Horticultural Ve	g. Production
Deer Other Years on Property	Beef	Dairy	Arable	Parks/Recreation Gla	ss House
	Deer	Other		Years on Property	

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If accepted please sign and submit to Work Injury Care Ltd at the	email address provided:	
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PCBU Name:	Signature:	Date: