

## APPLICATION FOR ACCEPTANCE

### TBA-006 - Type B Gas Appliance Application for Acceptance

*Gas Safety Act 2019  
Gas Safety Regulations 2021*

I..... Title/Position.....  
(Given names) (Family name)

employed by/acting on behalf of .....ABN:.....  
(Partnership/Company/Trust)

Address.....Postcode:.....

do solemnly and sincerely state that the Type B gas appliance to be commissioned at:

Company/Business:.....ABN:.....

Address:.....Postcode:.....

Appliance Type:.....Serial .....(if applicable)

is designed in compliance with the requirements of the following standards:

**AS 5601 Gas Installations; and**  
**AS 3814 Industrial and Commercial Gas-fired Appliances; and**  
**AS 1375 Industrial Fuel-fired Appliances Code; or**

**Other standard (please nominate).....**

***and the information submitted for acceptance is in accordance with SCHEDULE 1 of the Gas Safety Regulations 2021.***

I make this solemn declaration under the *Oaths Act 2001*.

Declared at:.....  
(place)

on:.....  
(date)

Before me

Signature:.....  
(Justice, Commissioner for Declarations or authorised person)

**Please forward this application to:**

**Gas Standards and Safety**

**Hobart:** 30 Gordons Hill Road, PO Box 56 Rosny Park 7018  
**Launceston:** Henty House, 1 Civic Square, Launceston 7250  
**Devonport:** 8 Griffiths Street (PO Box 208) Devonport 7310  
**Email:** [cbosinfo@justice.tas.gov.au](mailto:cbosinfo@justice.tas.gov.au)

**Information pursuant to SCHEDULE 1 of the Gas Safety Regulations 2021 and AS 3814**

*(Please attach additional information as required)*

|                                |       |                  |       |
|--------------------------------|-------|------------------|-------|
| Manufacturers Name and address | ..... |                  |       |
| Model                          | ..... | Serial Number    | ..... |
| Gas Type                       | ..... | Manufacture Date | ..... |

Does the appliance comply fully with AS 3814? Yes  No  Please attach a report giving clear details of all departures from AS 3814.

Does the appliance incorporate a Programmable Electronic System (PES)? Yes  No  If Yes please attach a design and review checklist based upon Appendix L of AS 3814.

Risk assessment completed in accordance with AS 3814 2.1.1.2? Yes  No

|  |                         |   |                         |
|--|-------------------------|---|-------------------------|
| Number of burners and type   | .....                   |   |                         |
| Nominal gas consumption for total appliance and for each main burner | Each                    | .....MJ/hr                                | Total                   |
|  |                         | .....MJ/hr                                |                         |
| Burner head pressure   | Nominal                 | .....kPa                                  |                         |
|  | Gas supply pressure     | .....kPa                                  | Min                     |
|  |                         | .....kPa                                  |                         |
| Gas consumption at ignition for each burner                          | .....MJ/hr              |   |                         |
| Air flow rate at ignition for each burner                            | .....M <sup>3</sup> /hr | Air flow rate during during purge periods | .....M <sup>3</sup> /hr |
| Volume of each combustion chamber                                    | .....M <sup>3</sup>     |   |                         |

The purge volume, being the total volume swept from the entry of the purge medium to the point of emission including interconnecting duct work

.....  
 .....  
 .....M<sup>3</sup>/hr

Details and method of operation of any combustion air or flue dampers

.....  
 .....  
 .....

Explosion relief area and dilution air flow rate (where relevant). If the appliance process involves solvents or dusts, and where required by AS 3814, provide details of, and calculations for, explosion relief area and dilution air flow rates Details of flueing and ventilation

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