

Installation Details * Where necessary, attach additional information ** Contact your Local Gas Inspector for appropriate guidelines/updated information		
Details of installation purge /Displacement of Air AS/NZS 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 proposed purge point
Details of installation purge Displacement of Gas AS/NZS 5601.1-2013 – 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 proposed gas purge provided
Air supply to appliances AS/NZS 5601.1– Section 6.4	Total room volume m ³ Number of rooms affected Total gas consumption of appliances in room: Mj/hr	Where additional ventilation is required, provide all calculations in - Appendix 2. Was the building containing the gas installation approved for construction after 16 September 2013? Yes <input type="checkbox"/> or No <input type="checkbox"/>

Other Details		
Is a Type B Appliance being installed? Note: Pursuant to Regulation 53(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.	Yes <input type="checkbox"/> Appliance description e.g. boiler Name of person performing the Type B Gas Fitting Work:	No <input type="checkbox"/>
Will there be any Hot Tapping Work?	Yes <input type="checkbox"/> Refer to guideline GIS21 and Gas (Safety) Regulations r. 72	No <input type="checkbox"/>
Is commissioning gas required in excess of 48 hours?	Yes <input type="checkbox"/> Contact gas supplier or distributor	No <input type="checkbox"/>
Will the installation be located on an easement? e.g. Tas Networks or Private.	Yes ** <input type="checkbox"/> Refer to Office of the Director of Gas Safety for Technical Policy	No <input type="checkbox"/>
Will the installation be located on Public Land?	Yes** <input type="checkbox"/> Refer to Office of the Director of Gas Safety for Technical Policy	No <input type="checkbox"/>
Will trenchless technology be used? e.g HDD.	Yes* <input type="checkbox"/> Refer to Information Sheet IS151	No <input type="checkbox"/>
Does any element of the proposed installation deviate from the means of compliance sections of AS/NZS5601.1 (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/NZS5601.1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Details

Appliance Flue details
Include your design calculations where relevant.
AS/NZS5601.1 Sec. 6.7, 6.8, 6.9 and Appendix H *

Flue drawing

Provide front and side elevations depicting the flue's orientation, number of bends and or offsets.

Accurate measurements are required from the nearest walls to verify its location within the room or closest applicable boundary and or reference point.

(A drawing is required for each flue installation, attach additional pages if necessary).

Type (*balanced or natural*):

Material:

Thickness:

Diameter:

Number of bends/elbows:

Cowl Size:

Front Elevation

Side Elevation

Installation Site Plan

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

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
 - Equipment enclosures and ventilation
 - Sub meters
- Pressure control and protection
- Support details
- Expansion, contraction details *
- Protection details (bollards/barriers) *
- Depth of cover if buried

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 Safety Act 2019* and Gas (Safety) Regulations 2021

Signed:

Date:

Name:

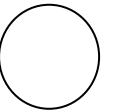
NOTE: Section 98 of the *Gas Safety Act 2019* prescribes a penalty of up to \$7700 for a person making a false or misleading statement or representation.

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 \$30000 pursuant to Section 54 of the *Gas Safety Act 2019*

Email or post application with plans to:

Director of Gas Safety
Consumer, Building and Occupational Services
PO Box 56, Rosny Park TAS 7018
Phone: 1300 654 499
Email: cbosinfo@justice.tas.gov.au Web: www.cbos.tas.gov.au

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.

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.

Item	Cert #	Description	Make	Model/ Serial Number	MAOP	Mj/hr	Pressure max
e.g. I or A	8373	Commercial Oven	Cook It	CGT652	G1638291	65	2.75 kPa

Drawn by: Date:	Project: Drawing #: Gas Fitting Notice Number:
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Gas Fitting Notice Number

Additional 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 the location of the item on the site plan.

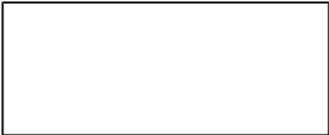
Item	Cert. Body & Cert #	Description	Make	Model/Serial Number	Maximum operating pressure	Mj/hr.	Pressure max
<i>e.g. I or A</i>	8373	<i>Commercial Oven</i>	<i>Cook It</i>	<i>CGT652</i>	<i>G1638291</i>	65	2.75 kPa

Additional Internal Ventilation Requirements – Calculations

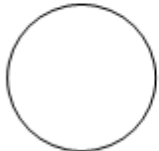
Vent Sizes mm² (enter inside the applicable shape below of your proposed vents) =

Mechanical ventilation Natural ventilation

Ventilation calculations:



Height Width



Diameter



Height Width

Total number of vents proposed

Free ventilation area of vents required

Number of rooms affected