Department of Justice
Consumer, Building and Occupational Services
Gas Standards and Safety
PO Box 56, Rosny Park, TAS 7018
Phone: 1300 654499 Fax 03 6173 0205
Email: cbosinfo@justice.tas.gov.au Web: www.cbos.tas.gov.au

Tasmanian Government

Application for Acceptance

Complex/Prescribed Standard Gas Installation

Information pursuant to Regulation 53 of the Gas Safety Regulations 2021

This application must be submitted to the Director of Gas Safety for acceptance to commission a complex gas installation or standard gas installation of a prescribed class in accordance with s.54 of the Gas Safety Act 2019. Please include the completed and unsigned Yellow Copy of the Gas Fitting Notice with this application.

Gas Fitting Notice Number

Installation Details * *Where necessary, attach additional information* ** *Contact your Local Gas Inspector for appropriate guidelines/updated information*			
Consumer piping *	☐ Copper AS 1432 Class	☐ Copper AS 1572 Class	☐ Stainless Steel BS 7838 (Corrugated semi-rigid)
	☐ Stainless Steel ASTM A 269 Grade 316	☐ Black Steel (tick applicable design standard) ☐ ASTM ☐ A53/A5 ☐ AS 1074 ☐ ASTM A106 ☐ ASP SPEC 5L Grade	
	If the Black Steel is buried underground, what form of corrosion protection will be used?		
	☐ Galvanised Steel (tick applicable design standard) ☐ AS1074 ☐ API SPEC 5L ☐ ASTM A53/A5M ☐ ASTM A106 Grade		
	☐ Polyethylene AS/NZS 4130 Class	☐ Polyamide AS 2944.1	☐ UPVC AS 1464.1
	☐ Composite AS 4176 Make *Refer Manufacturers' Instructions and contact your local Gas Inspector for relevant guidelines.*		
Jointing Method *	☐ Screw ☐ Weld ☐ Braze ☐ Flange ☐ Compression ☐ Electrofusion ☐ Butt fusion ☐ Crimping tool ☐ Solvent cement		
Maximum operating pressure of installation *	kPa or ☐ Over 200 kPa *(Refer r.74 & contact your local Gas Inspector for relevant guidelines)*		
Details of pressure test AS/NZS 5601.1- Appendix E * (NOTE – If the volume of pipe work exceeds 30L provide test details that comply with standard **IGE/UP/1**).	Approximate test volume is litres	Test Equipment Type:	
	Test medium to be used to pressure test	Pressure Tests Proposed ☐ E4 ☐ E5 ☐ E6	Test duration will be hrs minutes
Details of installation over pressure protection AS 5601.1 Section 5.2.1 & 5.2.2 (Note: for stage reductions greater than four please attach additional information)	☐ OPSO ☐ Vent valve ☐ Internal relief ☐ Other: All stage operating pressures in kPa: **A:** **B:** **C:** **D:** *NOTE:(A = 1st stage outlet of distribution service / 1st stage regulator); (B = 2nd stage regulator outlet) (C= 3rd stage regulator out); (D = Appliance Regulator)* How Many stages of pressure reduction proposed?	**A** – Make and Model: **B** – Make and Model: **C** – Make and model: **D** – Make and model:	
	The pressure(s) that the OPSO regulator(s) will be set to trip at? kPa kPa kPa		

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 *	☐ Air to gas small volume Up to 0.03m³ (30L)	☐ Air to gas large volume > 0.03m³ (30L) Location of proposed purge point
Details of installation purge Displacement of Gas AS/NZS 5601.1-2013 – Appendix D *	☐ Gas to air small volume Up to 0.03m³ (30L)	☐ Gas to air large volume > 0.03m³ (30L) ☐ Details of proposed gas purge provided
Air supply to appliances AS/NZS 5601.1– Section 6.4	Total room volume m³ 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 ☐ or No ☐**

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 ☐ Appliance description *e.g. boiler* Name of person performing the Type B Gas Fitting Work:	No ☐
Will there be any Hot Tapping Work?	Yes ☐ Refer to guideline GIS21 and Gas (Safety) Regulations r. 72	No ☐
Is commissioning gas required in excess of 48 hours?	Yes ☐ **Contact gas supplier or distributor**	No ☐
Will the installation be located on an easement? e.g. Tas Networks or Private.	Yes ** ☐ Refer to Office of the Director of Gas Safety for Technical Policy	No ☐
Will the installation be located on Public Land?	Yes** ☐ Refer to Office of the Director of Gas Safety for Technical Policy	No ☐
Will trenchless technology be used? e.g HDD.	Yes* ☐ Refer to Information Sheet IS151	No ☐
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 ☐	No ☐

Other Details

Appliance Flue details
Include your design calculations where relevant.
AS/NZS5601.1Sec. 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 $8600 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 $34400 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 1 – Installation Site Plan

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

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.

Gas Fitting Notice Number

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.

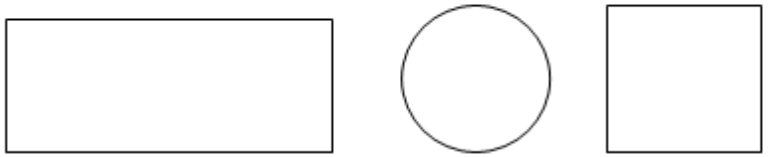
Item	Cert. Body & Cert #	Description	Make	Model	Serial Number	Mj/hr.	Maximum operating pressure
e.g. 1 or A	*8373*	*Commercial Oven*	*Cook It*	*CGT652*	*G1638291*	*65*	*2.75 kPa*

Additional Internal Ventilation Requirements – Calculations

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

Mechanical ventilation Natural ventilation

Ventilation calculations:



Total number of vents proposed

Free ventilation area of vents required

Number of rooms affected