

Application for an Authority or Renewal of an Authority to Obtain or Use Highly Dangerous Substances other than Cyanide

Poisons and Therapeutic Goods Regulation 2008

This form is for the purpose of applying for authorisation to obtain or use any of the following highly dangerous substances where the applicant is not authorised under Part 8 of the Poisons and Therapeutic Goods Regulation 2008 to obtain or use the substance:

- arsenic
- fluoroacetamide
- fluoroacetic acid
- hydrocyanic acid
- strychnine
- thallium

Eligible applications are generally processed within 10 business days of receiving all required information.

1. Is this an application for a new authority or renewal of an authority? <input type="checkbox"/> New <input type="checkbox"/> Renewal		
2. Details of the applicant or officer of applicant business		
Name:		
On behalf of:		
Address:		
Suburb/Town:		Postcode:
Telephone:	Fax:	Email:
ABN/ACN:		
3. Details of the highly dangerous substance(s) intended for use		
Name of substance	Quantity	Quantity to be used each year <small>(mass in grams or kilograms, or volume in litres of liquid)</small>
Name of supplier(s):		
4. What will the substance(s) be used for?		

5. How will the substance(s) be stored to prevent unauthorised access?

6. In what secure area will the substance(s) be stored when not in use?

7. Will the substance(s) be re-supplied to another person? If yes, provide details

8. Please explain in detail how you propose to dispose of the spent substance

Note: Applicants are required to have qualifications, formal training, or demonstrated experience in the handling of the highly dangerous substance(s) intended for use

9. Do you have qualifications or formal training in the handling of highly dangerous substance(s) intended for use?

- Y ⇒ Attach a copy of a signed Certificate of Training or Competence or Statement issued by an educational institution. Go to Q11
- N

10. Describe your experience in the handling of the highly dangerous substance(s) intended for use

Attach evidence of this, such as a Statement issued by an employer

11. Declaration by applicant

In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate.

Y N

I have attached qualifications or other evidence as required. Y

12. Applicant's Signature**Signature:****Date:**

For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944

Completed forms may be submitted by email, fax or post.

Email: pharmserv@doh.health.nsw.gov.au

Fax: (02) 9424 5860

*Postal address: Chief Pharmacist
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