

Application for an Authority or Renewal of an Authority to Obtain Cyanide

Poisons and Therapeutic Goods Regulation 2008

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 and position			
Name:			
On behalf of:			
Address:			
Suburb/Town:		Postcode:	
Telephone:	Fax:	Email:	
ABN/ACN:			
3. Details of Cyanide based product(s) intended for use at the premises listed above			
Name of Cyanide based product	Name of Cyanide salt	Quantity of salt present	Quantity to be used each year <small>(mass in grams or kilograms, or volume in litres of liquid)</small>
<i>Complete Supplementary Page 3 if insufficient space above</i>			
Name of supplier (s):			
4. What will the Cyanide based products be used for?			
5. How will the Cyanide based products be stored to prevent unauthorised access?			

6. In what secure area will Cyanide based products be stored when not in use?
7. Are the Cyanide based products for re-supply to another person? If yes, provide details
8. Please explain in detail how you propose to dispose of the spent solution
Note: Applicants are required to have qualifications, formal training, or demonstrated experience in the handling of cyanides
9. Do you have qualifications or formal training in the handling of cyanides? Y \Rightarrow <i>Attach a copy of a signed Certificate of Training or Competence or Statement issued by an educational institution. Go to Q11</i> N
10. Describe your experience in the handling of cyanides. <i>Attach evidence of this, such as a Statement issued by an employer</i>
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:
<p><i>For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944.</i></p> <p><i>Send completed form and attachments to:</i> moh-pharmaceuticalservices@health.nsw.gov.au or Director Pharmaceutical Regulatory Unit Legal and Regulatory Services Branch NSW Ministry of Health Locked Bag 2030 St Leonards NSW 1590</p> <p><i>or Fax to (02) 9424 5860</i></p>

