



# Intention to Load/Unload/Transfer Dangerous Goods Notification - Southport Pilotage Area

Transport Operations (Marine Safety) Regulation 2016

Email completed form to [goldcoast.maritime@msq.qld.gov.au](mailto:goldcoast.maritime@msq.qld.gov.au). **Notification to be lodged 48 hours prior to handling/vessels estimated time of arrival**

Vessel	Voyage
<input type="text"/>	<input type="text"/>
Proposed berth	Agents
<input type="text"/>	<input type="text"/>
Telephone number	Fax number
<input type="text"/>	<input type="text"/>

### Commencement of proposed handling/transfer

Date	Time
<input type="text"/>	<input type="text"/>

Tick relevant action:

- Load dangerous goods as specified in the Dangerous Goods Code AS 3846-2005
- Unload dangerous goods as specified in the Dangerous Goods Code AS 3846-2005
- Transfer dangerous goods as specified in the Dangerous Goods Code AS 3846-2005
- Handle goods other than those specified in the dangerous goods code in or above hold in which dangerous goods are stowed as specified in Dangerous Goods Code AS 3846-2005
- Handle goods other than those specified in the dangerous goods code on or above deck in which dangerous goods are stowed as specified in Dangerous Goods Code AS 3846-2005
- Handle dangerous goods between the hours of sunset and sunrise as specified in section 63 *Transport Operations (Marine Pollution) Act 1995*
- Handle goods other than dangerous goods onboard a ship between the hours of sunset and sunrise as specified in section 63 *Transport Operations (Marine Pollution) Act*
- Ship/Shore Safety Checklist* prepared for endorsement by interested parties (minimum specified AS 3846-2005 Appendix L)

**I certify that to the best of my knowledge, information and belief** (tick where applicable):

- There are no damaged, leaking or deteriorated containers, tanks or packages containing dangerous goods as specified in Dangerous Goods AS 3846-2005
- Information contained in this form and attachments is true and correct

Signature of Agent	Date of application
<input type="text"/>	<input type="text"/>

### Office use only

Maritime Safety Queensland received (In)		Maritime Safety Queensland returned (Out)	
Name	<input type="text"/>	Name	<input type="text"/>
Signature	Date	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Forwarded to:

- Gold Coast Waterways Authority
- Area Manager (Gold Coast)
- City of Gold Coast - Environmental Health Services [chealthadmin@goldcoast.qld.gov.au](mailto:chealthadmin@goldcoast.qld.gov.au)