



CERTIFICATE OF PLANT DESIGN REGISTRATION

Occupational Health & Safety Act 2000
Occupational Health & Safety Regulation 2001

ABN: 77 682 742 966
Phone: (02) 4321 5498
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Registration No: **EWP 6-148816/11** ABN: 45007377442

Issue Date: **20/06/2011**

Controller: A.C.H. CONSULTING & INSPECTION SERVICES PTY. LTD.
Postal Address: 41 NORTH RD
BRIGHTON
VIC 3186

Plant Type: Boom Type Elevating Work Platform Original

Model Number/ Trade Name: OMME 3700 RJ

Design Description:

| | |
|-------------------------|-------------------|
| Platform Type | Self Propelled |
| Max Radius (m) | 13.5500 |
| Max Working Height (m) | 37.0000 |
| Max Rated Capacity (kg) | 250.0000 |
| Drawing Number Design | 3700-MEASURES-AUS |

CONDITIONS:

1. This registration applies only to the design described above which has been notified to WorkCover NSW in accordance with the OHS Regulation 2001.
2. The plant owner will require a copy of this certificate. A copy of the certificate must therefore be supplied to the manufacturer so that it can, in turn, be provided to the supplier and owner with the item of plant or equipment.
3. WorkCover NSW reserves the right to audit the registered design at any time to assess compliance with its Acts and Regulations. If an audit is undertaken, detailed information may be requested relating to the design of the plant. Design systems of work and documentation may also be audited. If an audit identifies non-compliance, all plant built to that design may require modifications, and in some cases, may be prohibited from use.
4. This Registration is automatically invalidated if the design is altered to an extent that requires new measures to control risks. A person must not use, or cause or allow plant manufactured to the original design to be used at a workplace unless notification of the alteration, or the prescribed form, has been confirmed by WorkCover NSW.
5. The Registration Number should be quoted in all correspondence to WorkCover regarding this item. Any queries should be addressed to WorkCover's Licensing Unit.

Fee Paid: \$ 65.00

Receipt No: 30-4812

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