



## DISPOSAL FORM FOR HALON AND OTHER OZONE DEPLETING SUBSTANCES (ODS) / SYNTHETIC GREENHOUSE GASES (SGG)

National Halon Bank Free Call 1800 658 084

### 1. Details of person or organisation disposing of halon or other ODS/SGG

Contact Name: \_\_\_\_\_

Unknown (see Section 2 below)

Company Name (if applicable): \_\_\_\_\_

ACN/ABN (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

### 2. Details of Collection Agent to whom halon or other ODS/SGG has been deposited (e.g., fire station or holder of a Fire Protection Industry Permit Scheme authorisation and/or permit: please also complete Section 6 if you are a holder of an authorisation and/or permit.)

Contact Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Collection Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

*Sections 3A and 3B are for **halon** only, if you have other ODS/SGG please proceed to Section 4A/4B.*

### 3A. Is the party disposing of halon any of the following?

Regional Air Service       Nationwide Air Service       Other

Party business name: \_\_\_\_\_ (please go to Section 3C)

Defence Force (please go to Section 3B)

### 3B. Defence Force Service?

Navy       Army       Air Force       Service Unknown

Defence Force Contractor      Contractor business name: \_\_\_\_\_

*For **all** deposits, please complete Sections 4A/4B as appropriate. Record details of the deposit identifying contents as labelled on the fire protection equipment (e.g., cylinder, extinguisher or sphere) or as documented in service records, even if it has been partially discharged.*



**4A. Amount of halon 1211 (BCF) deposited**

Item size (kilograms)	Number of items	Total (kilograms)
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
<b>Total:</b>		= _____

**4B. Amount of halon 1301 (BTM) or other ODS/SGG deposited**

Item size (kilograms) & substance type	Number of items	Total (kilograms)
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
_____	x _____	= _____
<b>Total:</b>		= _____

**5. Collection Agent\* DECLARATION on behalf of the person or organisation disposing of halon or other ODS/SGG**

I declare that the above information is correct and that I am authorised to collect the substances listed on this form on behalf of the depositor. I further declare that any halon 1301 fixed system cylinders and/or spheres deposited have been **disarmed, plugged and capped for safe transport** by an accredited technician.

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

\* Extinguishing Agent Trading Authorisation Number (if applicable): \_\_\_\_\_

\* Halon Special Permit Number (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: / /