



# COMAH Notification – Part B

### Non-Statutory information required by the Competent Authority and statutory information not to be disclosed to the Public

Please type or write legibly. Forms containing illegible information will not be accepted by the OHSA

Include registered office address

Name and address of the operator

If different from above

Address of establishment concerned

If different from above

**Details for invoicing**  
Contact name and position

Operators of COMAH establishments may be charged for work carried out by the competent Authority in implementing the regulations.

Invoicing Company name and address

### Reason for notification

Have you recently submitted a notification for the establishment

Yes

No

If yes, give date submitted, OHSA ref no.

Why are you submitting this notification? (please tick appropriate box)

- Reg. 6(1)(a) Prior to the start of construction of a new establishment
- Reg. 6(1)(b) Prior to the start of operation of a new establishment
- Reg.6(1)(b) By **4<sup>th</sup> October 2003** in the case of an existing establishment
- Reg.6(3)(a) Significant increase in quantity of dangerous substances
- Reg.6(3)(b) Significant change in nature or form of dangerous substances, the processes employing them or any other information previously notified
- Reg. 6(3) (c) Permanent closure of an installation in the establishment

**Notification Part B**

Certain information may be excluded from being supplied to the public. If you believe that this applies to information about your establishment tick Yes.

**National Security**

Is there any information which you believe should not be disclosed to the public?

No

Yes

Does the notification from Part A contain any national security information which would prevent it from being disclosed to the public?

No

Yes

**Commercial and Personal Confidentiality**

Do you wish any information not to be disclosed to the public on the grounds that it is commercially or personally confidential?

No

Yes

If yes, then you should:

Complete Part A form excluding the commercially or personally confidential information; and enter into the text box below all information which you do not wish to be disclosed to the public.

**Declaration**

I certify that the information in this notification Part B is correct.

**Signature**

**Name**

**Position in the company**

**Date**

Please send the completed notification by post to:  
Occupational Health and Safety Authority  
COMAH Notifications MEPI section  
17 Edgar Ferro Street, Pieta' PTA 1533  
e-mail: ohsa.mepi@gov.mt

The Authority will confirm receipt.

