



e-form

# Control of Major Accident Hazards (COMAH) - Part A



*Statutory information to be provided in the Notification  
(COMAH) Regl. L.N. 179/2015 - Part A*

Name of the Operator

Address of the Operator (*Registered Office Address*)

Address of the Establishment Concerned (*if different from above*)

Website (*URL*)

Information sufficient to identify the dangerous substances or the categories of dangerous substances present. Quantity and physical form of the dangerous substances

Information is required for both single substances & preparations. Provide information to identify the names & categories of the dangerous substances eg: acute toxic or flammable liquid. (See Schedule 1 Part 1 of COMAH Regulations). Warehouses/Others with frequent inventory fluctuations eg: operators of storage facilities may notify max quantity of dangerous substances. Physical form incl. gas, liquid, powder & solids.

Quantity is the max. that one can anticipate will be present.

Name of Dangerous Substance

Quantity in Tonnes

Physical Form and CAS Number  
(CAS - *Chemical Abstracts Service*)

Is this a Named Substance? (Schedule 1 Part 2)

Category (Schedule 1 Part 1)

Name of Dangerous Substance

Quantity in Tonnes

Physical Form and CAS Number  
(CAS - *Chemical Abstracts Service*)

Is this a Named Substance? (Schedule 1 Part 2)

Category (Schedule 1 Part 1)

Name of Dangerous Substance

Quantity in Tonnes

Physical Form and CAS Number  
(CAS - *Chemical Abstracts Service*)

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Quantity in Tonnes

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Category (Schedule 1 Part 1)

Name of Dangerous Substance

Quantity in Tonnes

Physical Form and CAS Number  
(CAS - *Chemical Abstracts Service*)

Is this a Named Substance? (Schedule 1 Part 2)

Category (Schedule 1 Part 1)

Brief description of activity. *eg Bunkering of Fuel Oil*

Details of the elements of the immediate environment liable to cause a major accident or aggravate the consequences thereof

*Describe elements of surrounding environment which could make the consequences of a major accident worse (eg: nearby housing; other occupied buildings; agriculture or food production; receiving sewage works)*

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

## DECLARATION

**I certify that the information in this Notification Part A is correct**

Name and Surname

Position

Telephone

Mobile

Email

Signature

Date

*Please send the notification by email to [mepi.ohsa@gov.mt](mailto:mepi.ohsa@gov.mt) (MEPI Section).*

*The Authority will confirm receipt.*