



e-form

Control of Major Accident Hazards (COMAH) - Part B



*Non-Statutory information required by the Competent Authority and statutory information not to be disclosed to the Public
(COMAH) Regl. L.N. 179/2015 - Part B*

Name of the Operator

Address of the Operator *(Include Registered Office Address)*

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

DETAILS FOR INVOICING

Contact Name *(if different from above)*

Position

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

Invoicing Company Name

Company Address

REASON FOR NOTIFICATION

Have you recently submitted a notification for the establishment?

If Yes, provide date of submission

Why are you submitting this Notification? *Please tick where appropriate*

Reg. 5(2)(a) Prior to the start of construction or operation of a new establishment

Reg. 5(2)(a) Prior to modifications leading to a change in inventory of dangerous substances of a new establishment

Reg. 5(2)(b) For all other cases, one year from which these regulations apply to the establishment

Reg. 5(4)(a) Significant increase or decrease in quantity of dangerous substances or significant change in nature or physical form of the dangerous substances

Reg. 5(4)(b) Modifications which could have significant consequences in terms of major accident hazards

Reg. 5(4)(c) Permanent closure of the establishment or is decommissioning

Reg. 5(4)(d) Change in name, trade, address of the operator, name and position of person in charge

NATIONAL SECURITY

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

Certain information may be excluded from being supplied to the public where the conditions laid down in Article 4 of Directive 2003/4/EC are fulfilled. If you believe that this applied to information about your establishment select Yes

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

COMMERCIAL AND PERSONAL CONFIDENTIALITY

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

If Yes, then you should: Complete Part A form excluding the commercially or personally confidential information and enter in the text below all the 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

Name and Surname

Position

Telephone

Mobile

Email

Signature

Date

Please send the notification by email to mepi.ohsa@gov.mt (MEPI Section).

The Authority will confirm receipt