



Total Compliance Group

in partnership with



RIFFT SOLUTIONS



Health and Safety at Work Act 2015
Hazardous Substances Regulations 2017

Approved Filler Application and Checklist

FOREWORD

This application form is for people who require the Approved Filler Certification.

People filling containers with gases under pressure, including cylinders, aerosols, and non-refillable containers must be trained and hold an Approved Filler Compliance Certificate.

An Approved Filler Compliance Certificate must be issued by a Compliance Certifier.

GAS CONTAINERS



Gas containers include:

- Industrial gas cylinders
- Self-contained underwater breathing apparatus (SCUBA)
- Self-contained breathing apparatus (SCBA), which is used extensively by the Fire Service and in industrial applications
- Fire extinguishers
- Aerosol cylinders
- Non-refillable cylinders
- Paintball cylinders - If you fill paintball cylinders of more than 500 millilitres water capacity, you must be an approved filler. You need to know about the gases you are using to fill the cylinders and how to do so safely.
- Liquefied petroleum gas (LPG) cylinders. However an LPG cylinder of less than 110 kg water capacity can be filled by someone who is not an approved filler if they follow the requirements set out in a safe work instrument.

APPLICATION PROCESS



To become an approved filler, you need to demonstrate that you have the necessary training, knowledge and skills to fill gas containers safely. The Compliance Certifier will need evidence of your competence. This evidence must describe how your knowledge and practical skills were assessed and the results of that assessment.

Total Compliance Group (TCOMP) has developed a process in conjunction with Riff Solutions for applicants to achieve this certification. It involves completing an online eLearning course which covers the theory and basics behind Approved Fillers, and gathering evidence to be submitted to TCOMP for review.

Step One - Register for the online eLearning course here: <https://rifftsolutions.co.nz/approved-fillers>

You can also contact Riff by emailing hello@riff.co.nz. They will be happy to assist you in the registration process. Riff Solutions will invoice you directly and issue you a login to access the eLearning training modules. You will have one month to complete the course and upon completion, you will be issued a certificate which you need to keep a copy of to be included as evidence to be supplied to TCOMP - \$295 + GST

Step Two- Once you have completed the course, email the completion certificate, a completed copy of this application form, and all accompanying evidence documents to info@tcomp.co.nz

Everything must be prepared well in advance and include the required evidence for certification. A full list of evidence documents can be found further in this application form. You will need to submit all documents in one session.

Once all the evidence has been received, TCOMP will review and process your application. If all relevant information is correct, you will be issued with the Approved Filler certificate. These certificates last for five years. TCOMP will invoice you separately for this stage of the process - \$350 + GST

Our Compliance Certifiers must be satisfied that the standard of evidence provided meets their requirements. They may also require a site visit to verify the evidence provided. Please note if a site visit is required, these costs are in addition to what is mentioned in this application form.

APPLICATION FORM

PERSONAL DETAILS

PROOF OF IDENTIFICATION

The applicant is required to provide a copy of their valid Passport or New Zealand driver's license.

DATE OF BIRTH

The applicant must provide their date of birth for EPA records only.

FULL LEGAL NAME OF THE APPLICANT

FIRST NAME:

MIDDLE NAME:

SURNAME:

DATE OF BIRTH:

MOBILE NUMBER:

PREVIOUS CERTIFICATE NUMBER
AND EXPIRY DATE IF APPLICABLE :

RESIDENTIAL DETAILS

RESIDENTIAL ADDRESS OF THE APPLICANT

STREET NUMBER:

STREET NAME:

SUBURB:

CITY:

POSTCODE:

COUNTRY:

EMPLOYER DETAILS

FULL LEGAL NAME OF THE BUSINESS

BUSINESS NAME:

NZBN:

BUSINESS PHONE NUMBER:

BUSINESS EMAIL:

CONTACT PERSON NAME:

CONTACT PERSON EMAIL:

CONTACT PERSON POSITION HELD:

INFORMATION ON ORIGINAL COMPLIANCE CERTIFICATE

HAZARDOUS SUBSTANCE APPROVAL REQUIRED FOR FILLING GAS CONTAINERS

List exactly as they appear on the original compliance certificate or attach a copy of the expiring/expired certificate.

CLASSIFICATIONS

SUBSTANCE

CONTAINER TYPE

1.

2.

3.

4.

5.

SPECIAL CONDITIONS:

APPLICATION FORM (CONTINUED)

WORK EXPERIENCE

INDUSTRY
(Enter the industry the Applicant has experience in)

CONFIRMATION OF INTENT



DECLARATION

I, the applicant have worked with the hazardous substances listed above from:
to:

By my signature,

- ☐ I certify that the information contained in this application are true and complete to the best of my knowledge.
- ☐ I understand that it is an offence to make false statements on this application.
- ☐ I authorise Total Compliance Group Limited to retain copies of documents provided by myself or my supervisor in relation to this application.

Full Name:

Date:

Signature:

ASSESSMENT (TO BE COMPLETED BY THE SITE HSNO SUPERVISOR)



The Applicant has demonstrated knowledge of changes to:

HSW legislation relevant to approved fillers and to gas forms, classes, and types of containers listed in the original certificate	YES	NO
Any HSW Safe Work Instrument in use by the Applicant's industry	YES	NO
Industry work practices relevant to handling gases for which the Applicant is seeking a renewal	YES	NO

Any additional comments that may assist this application:

DECLARATION

I certify that the facts I have stated in this application are true and to the best of my knowledge. I understand that making false statements on this application is an offence

Full Name:

Position:

Date:

Signature:

EVIDENCE CHECKLIST

ID	We require an up to date recent copy of the applicant's passport or New Zealand driver's license. It must be legible and match the full name entered on the application form
APPLICATION FORM	A completed copy of this application form which must be filled out accurately. All relevant boxes must be completed. Please ensure that it is legible. (Precise details ensure fair assessments, a streamlined process, and effective communication throughout the application)
SAFETY DATA SHEETS	Copies of up to date compliant Safety Data Sheets for each substance the applicant is using must be included.
STANDARD OPERATING PROCEDURES	A signed copy of the Standard Operating Procedure (SOP) for filling, and confirmation of worker training and adherence with the SOP. A copy signed by both yourself and your manager must be provided
EVIDENCE	<p>Photographic evidence of filling procedures needs to be provided as evidence you know how to fill a cylinder. This should include:</p> <ul style="list-style-type: none">• Evidence of appropriate use of PPE (gloves, goggles, face shields, etc.)• Close-up of cylinder markings (test date, valid LAB # if appropriate)• Confirmation that the cylinder is in a 'fit for service' state (no rust, dents, valve damage or oil or grease on fittings)• Confirmation of EW/TW or filling pressure• Evidence that the filling rig is calibrated (photo of sticker)• Evidence that all equipment related to the filling procedure is available (e.g temperature gauge for O2 filling)• Evidence of leak checks (e.g soapy water or similar applied to valves and fittings)<ul style="list-style-type: none">○ If there is a faulty cylinder or valve, provide evidence of it being tagged out for repair
TRAINING RECORDS	A copy of the Riffit Solutions Approved Filler training certificate issued upon completion of the online training course

FOR INTERNAL OFFICE USE ONLY



Compliance Certifier's comments:

Certificate Number:

Expiry Date:

Special Conditions:

Compliance Certifier Assessing Application Date Assesed:

Name of Compliance Certifier:

Registration Number:

Signature:



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