

<b>Document Number</b>	<b>Independent Safety Case Review Report Submission Form</b>	<b>Version Number:</b>
CER/13/269		1.0

## **GUIDANCE ON COMPLETING THIS REPORTING FORM**

1. The Independent Safety Case Report, and this Reporting Form should be sent to:  
Petroleum Safety Framework Manager  
Commission for Energy Regulation,  
The Exchange,  
Belgard Square North,  
Tallaght,  
Dublin 24.
2. All questions in the form must be answered. If any question is considered 'not applicable' this should be stated in full. The use of the abbreviations (e.g., N.A. or dash) should be avoided.
3. The Declaration on page 5 must be signed by a person duly authorised by the petroleum undertaking to do so.
4. The following documentation should be submitted with the Form:
  - a. One copy of each Independent Safety Case Report.

## A. Petroleum Undertaking Details

Please provide details of the petroleum undertaking, and specify a contact person in respect of this form:

<b>Petroleum Undertaking</b>	
<b>Safety Permit Number</b>	
<b>Point of Contact</b>	
<b>Address</b>	
<b>Tel</b>	
<b>Fax</b>	
<b>Email</b>	

## B. Safety Case

### B.1 Safety Case – Details

Please provide details of the safety case that will be the subject of the Independent Safety Case Review:

<b>Safety Case Type</b>	
<b>Name of Petroleum Infrastructure</b>	
<b>Operator of Petroleum Infrastructure</b>	
<b>Date of Safety Permit</b>	
<b>Safety Permit Reference</b>	
<b>Petroleum Authorisation(s) associated with the Safety Permit</b>	
<b>Is a material change to be made to the safety case as a result of the Independent Safety Case Review?</b>	

## C. Administrative Requirements

1	Have all questions in the form been answered?	
2	Has a copy of the Independent Safety Case Review been included?	
3	Has the Declaration being signed by a duly authorised signatory?	

## D. DECLARATION

I, **HEREBY CONFIRM AND DECLARE**, that the information provided in this form (and in all supporting documents) is true, complete, accurate and not misleading in all respects.

Signed by:

Date:

Print Name:

Position:

Company: