



UPSS - Contractor Removal Checklist

Name of Contractor: \_\_\_\_\_

Location of proposed works: Site No: \_\_\_\_\_ Site Name: \_\_\_\_\_

		Please Tick	Yes	No	N/A
<b>Planning</b>					
1	Is the UPSS within a FCRM issued lease boundary?				
2	Does the contractor have consent from the Lessee? (Copy Attached)				
3	Has the Lessee contacted FCRM for approval to remove the UPSS?				
4	Has the site been inspected by FCRM for geotechnical issues?				
5	Do the proposed works require a further geotechnical assessment?				
<b>Environment</b>					
6	Has the site been inspected by FCRM for environmental issues?				
7	Will the proposed works require the removal of native vegetation?				
8	Does the site contain, or is it in close proximity, to a marked Hawkweed site?				
9	Is the contractor familiar with the Falls Creek Alpine Resort Work Practice for works within Hawkweed areas?				
10	Do the proposed works require a permit from the Department of Planning and Community Development? (Copy of Confirmation Attached)				
<b>Operations</b>					
11	Is the Contractor qualified or experienced in removing UPSS?				
12	Will the proposed works require the services of a Subcontractor?				
13	Will the proposed works be carried out in accordance with: <ul style="list-style-type: none"> <li>• The Australian Standard AS 4976 - 2008 The removal and disposal of underground petroleum storage tanks?</li> <li>• The Guidelines on the design, installation and management requirements for Underground Petroleum Storage Systems, EPA Victoria, 2003?</li> <li>• WorkSafe requirements?</li> </ul>				
14	Have all the underground services in the area been identified and located? (Dial Before You Dig 1100)				
15	Has the Contractor made arrangements to compact the fill and restore the site back to ground level?				
16	Has the Contractor provided revegetation process to be undertaken or confirmed the reversion of this requirement to the Lessee?				

**Additional Information**

What is the start date of the proposed works: \_\_\_\_\_

What is the finish date of the proposed works: \_\_\_\_\_

What is the destination of the removed UPSS: \_\_\_\_\_

Name of Subcontractors if applicable: \_\_\_\_\_

I, \_\_\_\_\_ the proponent of the above identified works verify that the information provided has been completed and is accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>FCRM Approval:</b></p> <p>Signed: _____</p> <p>Position: _____</p> <p>Date: _____</p>
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