# Fertiliser use of SSAN – security plan template

**In accordance with the Dangerous Goods Safety (Security Sensitive Ammonium Nitrate) Regulations 2007**

Use of this template is not mandatory; however, the security plan should sufficiently address the elements as outlined.

The national *Ammonium Nitrate Guidance Note No. 3, Agricultural Use* details the minimum requirements, but applicants should consider individual circumstances when creating a security plan.

Add additional pages if more space is required. Any parts of the template deemed not relevant or that cannot be answered should be deleted or marked N/A.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of applicant** |  | | | |
| **Submitted to DMIRS** | [Insert date] | | | |
| **Implemented** | [Insert date] | | | |
| **Licence details** | **Number** |  | **Issue date** |  |
| *Note: You will not be able to fill in the licence details until this security plan is approved by the licensing authority. You will then be issued with a licence and should record the number and issue date in the space above.* | | | | |

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# 1 Applicant details

|  |  |
| --- | --- |
| **Name of licence holder** |  |

## Contact details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Phone** | | (day) | | |  | | | | | (evening) | | | |  | | | | |
| **Facsimile** | |  | | | | | | **Mobile** | | | |  | | | | | | |
| **Email** | |  | | | | | | | | | | | | | | | | |
| **Address (mandatory)** | | | | | | | | | | | | | | | | | | |
| **Unit no.** |  | | | **Street no.** | |  | **Lot no.** | |  | | **Street** | | | |  | | | |
| **Town / suburb** | | |  | | | | | | | | | | **State** | | |  | **Postcode** |  |

## Details of the person(s) responsible for implementing and maintaining the security plan (known as the ‘Qualified Officer’ – may be the same as applicant)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (1)** |  | | | | | | |
| **Position held** | |  | | | | | |
| **Phone** | (day) | |  | | (evening) | |  |
| **Facsimile** |  | | | **Mobile** | |  | |
| **Email** |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (2)** |  | | | | | | |
| **Position held** | |  | | | | | |
| **Phone** | (day) | |  | | (evening) | |  |
| **Facsimile** |  | | | **Mobile** | |  | |
| **Email** |  | | | | | | |

## Describe the types of SSAN used

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ammonium nitrate (AN)** | Yes  No | | | |
| **Product name** | |  | |
| **Approximate annual volume** | | |  |
| **Produce (e.g. grapes, cotton)** | | |  |
| **Calcium ammonium nitrate (CAN)** | Yes  No | | | |
| **Product name** | |  | |
| **Approximate annual volume** | | |  |
| **Produce** |  | | |
| **AN blends** | Yes  No | | | |
| **Product name** | |  | |
| **Approximate annual volume** | | |  |
| **Produce** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CAN blends** | Yes  No | | | |
| **Product name** | |  | |
| **Approximate annual volume** | | |  |
| **Produce** |  | | |
| **Other** | Yes  No | | | |
| **Product name** | |  | |
| **Approximate annual volume** | | |  |
| **Produce** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of employees** | **Full time** |  | | |
| **Part time** |  | | |
| **Casual (approximate annual figure)** | | |  |
| **Working family members** | |  | |

## Site plan

### Minimum requirement 1: Site plan

For each site, sketch a map of your property including where the SSAN will be stored.

* For small properties, this could be one sketch map of the storage facility and its immediate surroundings. Clearly indicate the relationship of the farm dwelling and the SSAN store.
* For larger properties, draw two sketch maps; one showing the overall site and surrounds and another more detailed sketch of where the SSAN will be stored.
* Include:
  + an indication of true north
  + the distance to the nearest public road and property boundaries
  + distance to any nearby public or private buildings
  + internal road layout, vehicle entry points
  + distance to fuel storage or dangerous goods stores.

|  |  |
| --- | --- |
| **Name of property** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Address (mandatory)** | | | | | | | | | | | | |
| **Unit no.** |  | | **Street no.** |  | **Lot no.** |  | **Street** | |  | | | |
| **Town / suburb** | |  | | | | | | **State** | |  | **Postcode** |  |
| **GPS or grid reference of secure store (if available)** | | | | |  | | | | | | | |

# 2 Personnel management

## Minimum require 2: List if secure nominees with supervised access to SSAN

A list of personnel who have access to SSAN must be maintained by the Qualified Officer. The list should include the Qualified Officer as well as supervised and unsupervised person(s) on the farm.

|  |  |
| --- | --- |
| **Will all person(s) on the farm be supervised?** | Yes  No  If ‘no’, these person(s) will require a WA Dangerous Goods Security Card |
| **Is a list of person(s) who have access to SSAN being maintained by the Qualified Officer?** | Yes  No |

## Implementing and maintaining the security plan

The Qualified Officer must implement and maintain the security plan. You should consider appointing another Qualified Officer who would fulfil this role if the other is absent.

|  |  |
| --- | --- |
| **Name of Qualified Officer (1)** |  |
| **Name of Qualified Officer (2)** |  |

## Checklist (please confirm the following)

|  |  |  |
| --- | --- | --- |
| **Security measures are inspected regularly and maintained** | | Yes  No |
| Specify interval |  | |
| **Employees are trained and have awareness of special requirements related to SSAN** | | Yes  No |
| **Records are kept of all staff (names and addresses)** | | Yes  No |
| **Security incidents are reported to DMIRS and local police** | | Yes  No |
| **Security plan being reviewed and updated regularly** | | Yes  No |
| Specify interval |  | |
| **Is the Qualified Officer maintaining training records for the instruction of all the workers mentioned in the security plan?** | | Yes  No |
| **Is the process or procedure in place for reporting security incidents to the Police and the regulatory body (DMIRS)?** | | Yes  No |

# 3 Site security

## Minimum requirement 3: Details of your SSAN secure storage arrangements

The secure store should be marked on your sketch map. Please provide the following details about your secure store.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of structure containing the SSAN (please tick)** | | Brick  Metal  Wire  Cage  Fencing  Other (specify below) | | | | | |
|  | | | | | |
| **Approximate dimensions of this structure** | | |  | | | | |
| **Volumes of SSAN to be stored** | Usual volume | | |  | | Maximum volume |  |
| **Are all entry points secured (doors, locks and windows)?** | | | | | Yes  No | | |
| **Are there any warning signs against intrusion into the secure store or the overall site, such as ‘Authorised access only’?** | | | | | Yes  No | | |

**Describe any other control measures (e.g. guard dogs, alarms, lighting)**

|  |
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**Additional information**

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|  |

# 4 Transport security

## Minimum requirement 4: Details of your secure transportation arrangements

*Note: The vehicle driver may also require an applicable driver’s licence under explosives or dangerous goods legislation.*

|  |  |  |
| --- | --- | --- |
| **Are you seeking authorisation under this licence to transport SSAN?**  **(If ‘no’, skip to Section 5 – procedures and record keeping)** | | Yes  No |
| **What type of SSAN do you wish to transport (e.g. AN, CAN, CAN blends)?** |  | |
| **What quantity of SSAN do you wish to transport in a single trip?** |  | |
| **Will this be a non-stop journey?** |  | |
| **Will the SSAN be transported under lock and key?** | | Yes  No |
| **Will the SSAN be transported under constant surveillance?** | | Yes  No |

**For your transportation of SSAN, describe the following:**

|  |  |  |
| --- | --- | --- |
| **Start point** |  | |
| **End point** |  | |
| **Distance** |  | |
| **Route** |  | |
| **List the authorised person(s) that will ensure the SSAN is under constant surveillance (these persons should also appear on the list under Section 2 – personnel management)** | |  |

# 5 Procedures and record keeping

## Minimum requirement 5: Procedures and record keeping

|  |  |
| --- | --- |
| **Keys** | |
| **How many keys do you have for your secure store of SSAN?** |  |
| **If more than one key, how will you identify each individual key?** |  |
| **Where will the keys be kept?** |  |
| **Do you maintain a key register for the keys to the secure store?** | Yes  No |
| **Name of the person maintaining the key register (this should be the Qualified Officer or another authorised person)** |  |
| **Records of purchase** | |
| **Is the Qualified Officer keeping records of SSAN purchases and use for a period of five years?** |  |
| **Is inventory monitored and regular stock takes performed?** |  |