



Safety, Health and Welfare at Work (Quarries) Regulations 2005

Figure 1: Notification of Commencement or Abandonment of Quarrying Operations or Change of Operator

Regulation 8 NOTIFICATION OF APPOINTMENT OR CHANGE OF OPERATOR OR COMMENCEMENT OR PERMANENT CESSATION OF QUARRYING OPERATIONS	
I hereby give notice of (delete as appropriate)	Appointment/Change of Operator Commencement of Quarrying Operations Permanent Cessation of Quarrying Operations
Name of Person or Company under which the business is carried on	_____
Name of Operator	_____
Signature of or on behalf of Operator	_____
Date	_____
Address	
Telephone Number: _____	Fax Number: _____
Name of Quarry	_____
Place where Quarry is situated	_____
State townland and	_____
Nearest Post town and	_____
Ordnance Survey Grid References:	_____
Date when operations are to Commence/Cease	_____
or	
Change of Operator is to take affect	_____