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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Instructions for use  1. This form is for use by owners/operators as a submission check and cover page for ICB submissions to the CER. 2. Owners/operators should complete all parts as a checklist to ensure all items have been addressed/included as part of the submission. 3. Both the scanned hard copy of this form and the electronic version should be included as part of the application. | | | | | | | | |
| Part 1(a) **–** Installation or Well Details  In the case of an ICB submission for a well work activity, the name or number of the well should be inserted below. The installation name should be inserted for all other applications. | | | | | | | | |
| Installation name or Well Name: | | | *Click here to enter text* | | | | | |
| Owner/Operator of Installation or Well: | | | *Click here to enter text* | | | | | |
| Owner/Operator Postal Address: | | | *Click here to enter text* | | | | | |
| Owner/Operator Telephone**:** | | | *Click here to enter text* | | | | | |
| Owner/Operator Email Address: | | | *Click here to enter text* | | | | | |
| Part 1(b) – Owner/Operator Details – Point of Contact | | | | | | | | |
| Point of Contact Name: | | | *Click here to enter text* | | | | | |
| Address | | | *Click here to enter text* | | | | | |
| Email: | | | *Click here to enter text* | | | | | |
| Telephone: | | | *Click here to enter text* | | | | | |
| Part 2 – ICB Details  An application for approval of an ICB must be submitted to the CER and accepted prior to acceptance of a safety case(s). The ICB submission timings are set out in the Requirements of the PSF.  For an Acknowledgement of Compliance application, details of the ICB must be submitted to the CER and accepted prior to issuance of an Acknowledgement of Compliance.  If more than one ICB, please use a continuation sheet. | | | | | | | | |
| Name (legal and / or trading) | | | | | *Click here to enter text* | | | |
| Registered Address | | | | | *Click here to enter text* | | | |
| Tel | | | | | *Click here to enter text* | | | |
| Fax | | | | | *Click here to enter text* | | | |
| Email | | | | | *Click here to enter text* | | | |
| Contact Person | | | | | *Click here to enter text* | | | |
| Part 3 (a) – Verification Scheme Details | | | | | | | | |
|  | Well Verification Scheme | | | | | **Stage** | *(e.g. Design, Well Work, Production, Suspension, Abandonment)* | |
|  | Facilities Verification Scheme | | | | | **Stage** | *(e.g. Design, Construction, Operations)* | |
| Part 3 (b) – Verification Scheme  Indicate if the ICB(s), the subject of this application is for a new Verification Scheme, change to an existing ICB(s) or is being added to existing ICB(s) in place. | | | | | | | | |
| New ICB | | | | *Click here to enter text* | | | | |
| Change to an existing ICB(s) | | | | *Indicate the name of the ICB(s) that are being replaced* | | | | |
| Addition to existing ICBs in place | | | | *Indicate the name of the ICB(s) that are already in place* | | | | |
| Part 3 (c) – Please define the scope of verification that this ICB is going to cover (in terms of lifecycle and equipment) and, if multiple ICBs, a demonstration of how the entire content of the Verification Scheme is covered by the ICBs. | | | | | | | | |
| *Click here to enter text* | | | | | | | | |
| Part 3 (d) – Provide a description of how the owner/operator will manage multiple ICBs to ensure the entire content of the Verification Scheme is covered (if applicable) | | | | | | | | |
| *Click here to enter text* | | | | | | | | |
| Part 3 (e) – Demonstrate that your Safety Management System documents the interface and communications between all parties, together with clear roles and responsibilities? Please provide evidence below. | | | | | | | | |
| *Click here to enter text* | | | | | | | | |
| Part 4 –Competence  Confirm an ISO 9001 (or equivalent) certificate has been attached or documentation that demonstrates that the ICB operates a management system that meets the goals of ISO9001., which covers the services relating to the Verification Scheme that will be carried out | | | | | | | | |
| *Click here to enter text* | | | | | | | | |
| Part 5 – Independence  Describe any previous associations the petroleum undertaking has had with the ICB  If any conflicts of interest have been identified, describe how these will be managed. | | | | | | | | |
| *Click here to enter text* | | | | | | | | |
| Part 6 – ICB Check of Submission Completeness  Confirm that persons carrying out verification activities: | | | | | | | | |
| 1 | | Are impartial and free from direct financial or operational pressures, which could affect their judgement; | | | | | |  |
| 2 | | Will not verify their own work; | | | | | |  |
| 3 | | Are not be employed directly by the petroleum undertaking, operator or owner (or any constituent member thereof), their parent companies or a company in the same group, and | | | | | |  |
| 4 | | Will not, if a person is working for a third party company with a safety related relationship; verify the work of that company. | | | | | |  |
| **Part 7 –Declaration**  Complete all fields in Part 8 | | | | | | | | |
| I *Director Name* being a director of *Company Name* having company registration number *Company Registration Number* and having its registered office at *Company’s registered address*, **HEREBY CONFIRM AND DECLARE:**   * 1. that I am authorised to make this sworn declaration on behalf of   *Company Name*   * 1. that the information provided in this application (and in all supporting document) is true, complete, accurate and not misleading in all respects.   Signed by:  Print Name:  For and on behalf of:  At:  Date: | | | | | | | | |

## Applications can be submitted:

**Via Secure File Transfer (preferred system)**

<https://portal.cer.ie>

contact the CER to obtain log in details

**or Via email**

[petroleumsafety@cer.ie](mailto:petroleumsafety@cer.ie)

**or posted**

Safety Case Lead,

Petroleum Safety Framework,

Commission for Energy Regulation,

The Exchange,

Belgard Square North,

Tallaght,

Dublin 24.

It is CER’s preference that:

* Electronic documents are
  + Clearly labelled
  + In A4 format;
  + Adobe Portable Document Format (PDF)
  + Text searchable
  + A single file;
* Drawings are rendered in PDF and included at sufficient size to ensure readability; and
* Electronic copies are not protected in any way.

The portal provides for an unlimited attachment size, while email only provides for 10Mb per message. There are no set limits on the number of documents that may be attached to each message. It is often more convenient to combine a large number of documents into a ZIP archive to be attached to a message, as this reduces the number of steps in preparing a submission.

**Freedom of Information**

The CER is subject to the Freedom of Information Act 2014 and undertakes to treat as confidential any information supplied as part of this application, subject to the obligations under law. If the application contains commercially sensitive information which the applicant wishes not to be disclosed, the applicant should indicate these components when replying, specifying the reasons for its sensitivity. The CER will consult with the applicant before making a decision on any Freedom of Information request received involving any sensitive information that the applicant may have supplied.