

ANNUAL RETURN

Information on this form is required in accordance with the conditions of your licence or approval issued under part 5 of the *Waste Management and Pollution Control Act* or part 7 of the *Water Act*.

Failure to provide the information requested on this form and/or the provision of false or misleading information is an offence under the legislation and you may be liable to heavy penalties.

LICENCE/APPROVAL NO.	246-01
REPORTING PERIOD	1 st July 2023 - 30 th June 2024

Section 1. Licence/Approval Holder Details

Please check your business details and contact details including 24 hour emergency response in NT EPA online and/or on page one of your licence.

Are these details correct?

- Yes Go to Section 2
- No Please correct your details by updating in NT EPA Online or complete the table below.

Licence holder	
Legal Entity Name:	NT Health
ABN:	84 085 734 992
Registered Business Address:	105 Rocklands Dr Tiwi
Postal Address:	PO Box 41362 Casuarina NT 0811
Contact Person:	Mark MacDonald
Position Title:	Director Non Clinical Operation
Contact Details:	
b/h:	0408 432 002
mobile:	0408 432 002
email:	mark.macdonald@nt.gov.au
Location of premises	
Address:	105 Rocklands Dr Tiwi
24 hour emergency response	
Position Title:	Neil Bond
phone:	
mobile:	0417 879 971

Section 2. Statement of Compliance

Were all conditions of the licence/approval complied with during the reporting period?

Yes Proceed to Section 4.

No Complete details below (add more rows if required)


Details of Non-compliance				
Condition number	Date of non-compliance (dd/mm/yy)	Was NT EPA notified? (Yes / No)	If yes, date NT EPA notified (dd/mm/yy)	If yes, how was NT EPA notified? (e.g. phone, email, Pollution Hotline)
		If no, complete Section 3		

Section 3. Report of Non-compliance

Please supply the following details for each non-compliance not reported to the NT EPA identified in Section 2. Use a separate page for each non-compliance.

The date and time of the non-compliance.
When the non-compliance was detected and by whom.
The actual and potential causes and contributing factors to the non-compliance.
The risk of environmental harm arising from the non-compliance.
The action(s) that have or will be undertaken to mitigate any environmental harm arising from the non-compliance.
Corrective actions that have or will be undertaken to ensure the non-compliance does not reoccur.
If no action was taken, why no action was taken.

Section 4. Signature and Certification

This declaration must only be signed by a person(s) with the legal authority to sign it. The ways in which the application may be signed, and the people who may sign the application, are set out in the categories below.			
If the licence holder is:	Tick	The application must be signed and certified by one of the following:	
An individual	<input type="checkbox"/>	The individual.	
A partnership	<input type="checkbox"/>	A partner.	
A company	<input type="checkbox"/>	The common seal being affixed in accordance with the <i>Corporations Act</i> , or	
	<input type="checkbox"/>	Two directors, or	
	<input type="checkbox"/>	A director and a company secretary, or	
	<input type="checkbox"/>	If a proprietary company that has a sole director who is also the sole company secretary – by that director.	
A public authority	<input type="checkbox"/>	The Chief Executive Officer (CEO) of the public authority, or	
	<input checked="" type="checkbox"/>	By a person delegated to sign on the public authority's behalf in accordance with its legislation (Please note: a copy of the relevant instrument of delegation must be attached to this application).	
I/We hereby declare that the information provided in this Annual Return and accompanying documents is to the best of my/our knowledge, true and correct.			
Signature		Signature	
Name (printed)	Mr Mark MacDonald	Name (printed)	
Position	Director Non - Clinical Operations	Position	
Date	24/07/2024	Date	
Seal (if signing under seal):			