

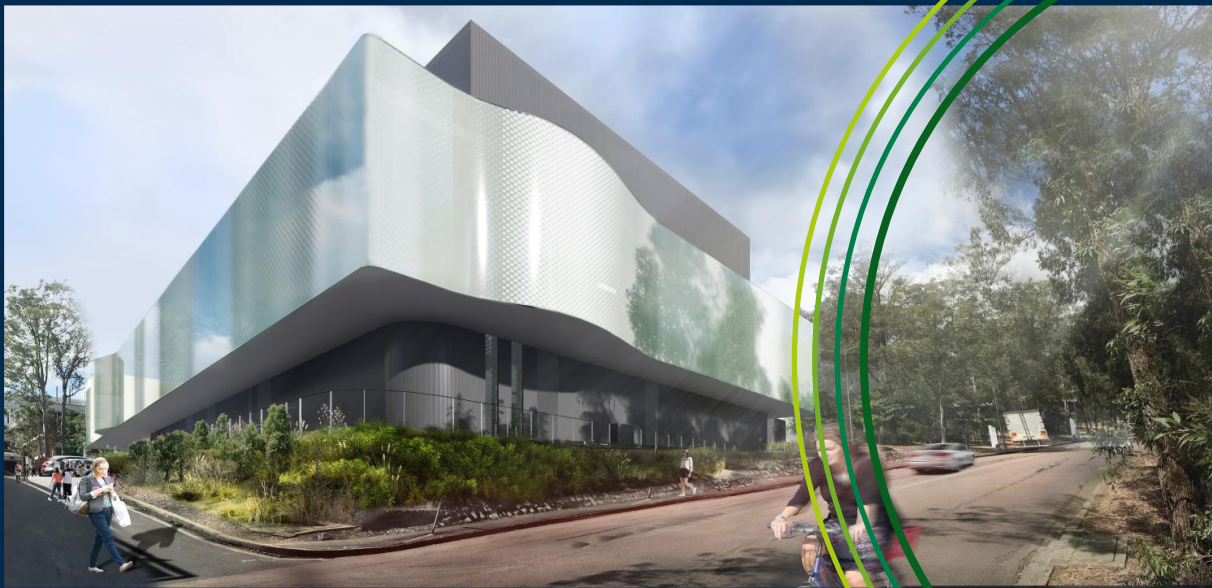


**APP**

Property and Infrastructure Specialists

STRATEGY > DEFINITION > DELIVERY > TRANSITION

# BIORESOURCES FACILITY OPERATIONAL COMPLIANCE REPORT 02



Prepared for: University of Newcastle  
APP Corporation Pty Limited  
SSD 8937

April 2024  
Version 01

## Amendment, Distribution & Authorisation Record

### Amendment Record

Revision	Description / Details	Date
DRAFT	Issued for review	March 2024
01	Issued for Submission to DPE	12 April 2024

### Distribution

This Operational Audit is prepared for distribution to:

Copy No	Name / Location	Position	Organisation
1	Heidi Watters	Team Leader Northern Compliance, Planning & Assessments	Department of Planning Industry and Environment
2	Andrew Bull	Acting Senior Manager – Asset Management	University of Newcastle

### Authorisation Record

Prepared by Assistant Project Manager	Connor Lawson The APP Group <i>Name</i>	 <i>Signature</i>	12 April 2024  <i>Date</i>
Review by Project Director	Mathew Watson The APP Group <i>Name</i>	 <i>Signature</i>	12 April 2024  <i>Date</i>

Only the Principal - University of Newcastle is authorised to approve amendments to this plan. The APP **Project Manager** is responsible for control, maintenance, and issue of this plan, for disposal of any superseded documentation, and for informing other project participants of changes to the project plan in accordance with the Department of Planning Industry and Environment Compliance Reporting Post Approval Requirements.

# Contents

<b>1. Executive Summary</b>	<b>4</b>
<b>2. Introduction</b>	<b>5</b>
2.1 Project Name and Project Application Number	5
2.2 Project Address	5
2.3 Project Phase	5
2.4 Compliance reporting period	6
2.5 Project activity summary	6
2.6 Key Personnel	6
<b>3. Compliance Status Summary</b>	<b>6</b>
3.1 Compliance Status Descriptors	6
3.2 Total Number of Non-compliances	7
<b>4. Non-Compliances</b>	<b>8</b>
<b>5. Previous Report Actions</b>	<b>9</b>
<b>6. Incidents</b>	<b>12</b>
<b>7. Complaints</b>	<b>12</b>
<b>8. Compliance Table</b>	<b>12</b>
<b>9. Compliance Report Declaration</b>	<b>12</b>
<b>Appendices</b>	<b>13</b>
Appendix A. Compliance Reporting Table	14
Appendix B. Compliance Photos	15
Appendix C. Compliance Report Declaration Form	33

## 1. Executive Summary

The APP Group (APP) acting on behalf of the University of Newcastle (the University) have conducted a Compliance Assessment of the University of Newcastle Bioresources Facility (the 'Project') at the Callaghan Campus (part Lot 1 DP 1188100) in New South Wales (the 'Site'). The building accommodates the University's Research and Innovation.

This report has been developed in order to satisfy the conditions of the NSW Government Department of Planning and Environment (2018) Compliance Reporting Post Approval Requirements that applies to the State Significant Development: SSD-8937 Bioresources Facility. This document satisfies the condition set out in item B31 of the associated SSD-8937 conditions requiring:

*Compliance Reports of the project must be carried out in accordance with the Compliance Reporting Post Approval Requirements (Department 2018).*

The following previous Compliance Reports have been undertaken:

1. Pre-Construction Compliance Report dated 19 September 2019.
2. Construction Compliance Report 01 dated December 2019.
3. Construction Compliance Report 02 dated July 2020.
4. Pre-Operational Report dated March 2021.
5. Operational Compliance Report 01 dated December 2022. *Note: this was identified as outstanding and as such was completed retrospectively in December 2022.*

This Operational Compliance Report 02 period relates to the operational period between December 2022 and March 2024. This returns the Operational Compliance Reports back into their annual cycle from the commencement of operation in March 2021. The next annual Operational Compliance Report is to be scheduled and completed by March 2025.

The assessor has assessed the development to be generally compliant with the conditions of Development Consent SSD-8937. 3 non-compliances were identified; however these relate to only a single issue which is considered to be of an administrative nature. The non-compliances identified were:

1. Condition A2 (Terms of Consent): A non-compliance is raised against condition A2(a) based on the non-compliances raised against conditions A20 and B31.
2. Condition A20 (Monitoring and Environmental Audits): A non-compliance is raised against condition A20 based on the non-compliances raised against conditions B31.
3. Condition B31 (Compliance Reporting): The Operational Compliance Report (this report) was not conducted within 52-weeks of the previous (December 2022).

## 2. Introduction

### 2.1 Project Name and Project Application Number

Development of new Bioresources Facility – University of Newcastle

### 2.2 Project Address

The University of Newcastle, Callaghan Campus (Part Lot 1 DP 1188100)

Refer to figure 2 showing an aerial view of the operational Bioresources site.



Figure 1: Project site outlined in red, image from NearMaps

### 2.3 Project Phase

#### Operational Compliance Report.

The compliance assessment has been undertaken as required under Conditions B30 to B33 of SSD-8937 as follows:

#### ***“Compliance Reporting***

*B30. Prior to the commencement of construction, a Compliance Monitoring and Reporting Program prepared in accordance with the Compliance Reporting Post Approval Requirements (Department 2018) must be submitted to the Department and the Certifying Authority.*

*B31. Compliance Reports of the project must be carried out in accordance with the Compliance Reporting Post Approval Requirements (Department 2018).*

*B32. The Applicant must make each Compliance Report publicly available 60 days after submitting it to the Department and notify the Department and the Certifying Authority in writing when this has been done.*

*B33. Notwithstanding the requirements of the Compliance Reporting Post Approval Requirements (Department 2018), the Planning Secretary may approve a request for ongoing annual operational compliance reports to be ceased, where it has been demonstrated to the*

*Planning Secretary's satisfaction than an operational compliance report has demonstrated operational compliance."*

## 2.4 Compliance reporting period

The Operational Compliance Report covers the period of December 2022 to March 2024. A Compliance site inspection was conducted of the site on 7 March 2024.

Note: This returns the Operational Compliance Reports back into their annual cycle from the commencement of operation in March 2021. The next annual Operational Compliance Report is to be scheduled and completed by March 2025.

## 2.5 Project activity summary

The facility commenced 1 March 2021 and has been fully operation since with:

- Plant rooms in operation, containing air handling units, boilers, warm and cool water systems, cooling towers, compressors, blow down tanks and expansions tanks.
- Narrow spectrum lighting (or red LEDs) and SmartFlow air handling units in use within the PC2 area.
- Research and associated work were actively being undertaken by facility staff on-site.

## 2.6 Key Personnel

Details of the key personnel who are responsible for the environmental management of the development during the operational audit period.

Name	Organisation	Position
Adrian Bernard	University of Newcastle	Senior Animal Technician Research and Innovation
Andrew Bull	University of Newcastle	Acting Senior Manager – Asset Management Infrastructure and Facilities Services

# 3. Compliance Status Summary

## 3.1 Compliance Status Descriptors

The following descriptors have been used to record the status of each compliance requirement:

Status	Description
Compliant	The proponent has collected sufficient verifiable evidence to demonstrate that all elements of the requirement have been complied with.

Status	Description
Non-compliant	The proponent has identified a non-compliance with one or more elements of the requirement.
Not triggered	A requirement has an activation or timing trigger that has not been met at the phase of the development when the compliance assessment is undertaken, therefore an assessment of compliance is not relevant.

### 3.2 Total Number of Non-compliances

Compliance performance with the Project Approval was determined from a review of project documentation, observations, and interviews with site representatives. The below table provides a summary of the compliance performance. Full details of the findings are documented within **Appendix A** of this report. Non-compliances are identified in Section 4.

Status	Findings
Compliant	30
Non-Compliant	3
Not Triggered	17
<b>Total Assessed</b>	<b>50</b>

## 4. Non-Compliances

Refer to **Appendix A** for any non-compliances identified during the reporting period including:

1. Relevant Compliance requirement and its ID;
2. Details of the non-compliance, the date it occurred and the detail it was identified;
3. The agency, or agencies to whom the non-compliance was reported; and
4. The proponent’s response that have been, or are proposed to be, taken to address the non-compliance, including details of timing for undertaking such actions.

Below table summarises the non-compliances for this reporting period.

Finding No.	ID	Findings	Proponents Response / Recommendation	Date of NC	Date NC Identified	Agency NC was reported by
<b>NC-01</b>	A2(a)	A non-compliance is raised against condition A2(a) based on the non-compliances raised against conditions A20 and B31.	Addressing the non-compliances raised against conditions A20 and B31 will automatically address this non-compliance.	As below	14 <sup>th</sup> March 2024	The APP Group
<b>NC-02</b>	A20	A non-compliance is raised against condition A20 based on the non-compliances raised against conditions B31.	Addressing the non-compliances raised against condition B31 will automatically address this non-compliance.	As below	14 <sup>th</sup> March 2024	The APP Group



Finding No.	ID	Findings	Proponents Response / Recommendation	Date of NC	Date NC Identified	Agency NC was reported by
<b>NC-03</b>	B31	The Operational Compliance Report (this report) was not conducted within 52-weeks of the previous (December 2022).	Complete and submit the Operational Compliance Report to the Department and make publicly available within 60-days of submission.  Note: this non-compliance is addressed with the completion and submission of this report.	December 2023	February 2024	The APP Group

## 5. Previous Report Actions

Actions noted within the previous Operational Compliance Report for the project are summarised below.

Finding No.	ID	Findings	Proponents Response / Recommendation	Status
<b>NC-01</b>	A2(a)	Based on the number of non-compliant items the project is non-compliant to the requirement of A2 (a)	The proponent needs to ensure that all the non-compliances raised are addressed in accordance with the conditions of consent and IAPAR Document 2018.	By addressing the non-compliances raised against these conditions will automatically address this non-compliance. Refer to resolved non-compliances below.  <b>Closed</b>
<b>NC-02</b>	A20	A non-compliance is raised against condition A20 based on the non-compliance raised against condition E5.	Addressing the non-compliance raised against E5 will automatically address this non-compliance.	By addressing the non-compliances raised against E5 will automatically address this non-compliance. Refer to resolved E5 non-compliances below.  <b>Closed</b>

Finding No.	ID	Findings	Proponents Response / Recommendation	Status
NC-03	B31	Report was not completed and issued to the Department prior to commencement of operation. An Operation Compliance Report was not completed and issued to the Department within 52 weeks of commencement of operation.	An Operational Compliance Report should be actioned without delay to address this condition.	Operational Compliance Report completed retrospectively in December 2022. DPE portal reference SSD-8937-PA-10.  Reports uploaded to the University website at the following link: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>  <b>Closed</b>
NC-04	C46	A non-compliance is raised against condition C46 as the operational audit exceeds the 52-week deadline from commencement of operation.	An Independent Audit Report should be actioned without delay to address this condition.	An Independent Audit Report was completed retrospectively in September 2022, with report dated 9 November 2022 (Rev 1). DPE portal reference SSD-8937-PA-5, SSD-8937-PA-6, & SSD-8937-PA-7.  Reports uploaded to the University website at the following link: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>  <b>Closed</b>
NC-05	E5	A non-compliance is raised against condition E5 as no short-term noise monitoring was undertaken within three-month period following occupation of the facility.	Conduct the short-term noise monitoring and quantitative assessment of operational noise as soon as possible at an appropriate time, to confirm compliance with operational noise limits, and submit the monitoring report to DPE.	Noise monitoring conducted 15 February 2023, with report dated 3 March 2023. DPE portal reference SSD-8937-PA-8.  <b>Closed</b>

Finding No.	ID	Findings	Proponents Response / Recommendation	Status
<b>OFI-01</b>	D15	There is an opportunity for improvement to refer to the relevant waste acts and regulations to demonstrate compliance for waste handling, storage, and disposal practices within the Waste Management Plan.	It is recommended to update the Waste Management Plan to include references to the relevant acts and regulations.	The University of Newcastle is currently having their Operation Waste Management Plan reviewed by an External Environmental Consultant and it is anticipated to be completed by mid-2024.
<b>OFI-02</b>	D17	There is an opportunity for improvement for the University to append the landscaping plan to the Landscaping Operation Manual to ensure that the retention of established trees continue, and that the area is retained as designed.	It is recommended that the landscaping plan with identification of tree species be appended to the Landscape Operation Manual as a visual aid for maintaining the area and ensuring retention of the established trees.	The University of Newcastle is currently having their Callaghan Site Tree Management Procedure reviewed by an External Consultant and it is anticipated to be completed shortly.
<b>OFI-03</b>	D19	The Bushfire Asset Management Plan was developed in 2016 and does not include the location and associated risks with the facility. There is an opportunity for improvement to update the plan by adding Building F to the included maps and risk register.	It is recommended that the Bushfire Asset Management Plan be updated to include the facility as part of the maps and risk register within the plan, so the information remains	The University of Newcastle is currently having their Bushfire Management Plan reviewed by an External Consultant and it is anticipated to be completed by the mid-2024.

## 6. Incidents

Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under *Appendix 1 Incident Notification and Reporting Requirements* of the SSD consent.

## 7. Complaints

Minor operational items/repairs were raised on the University's facility management system Maximo. No external complaints from public or otherwise was raised to the assessors attention during this reporting period.

## 8. Compliance Table

Refer to **Appendix A** for SSD State Significant Development Application SSD-8937 Operation Compliance Reporting table for full details of compliance with consent conditions following commencement of operation.

## 9. Compliance Report Declaration

Refer to **Appendix C** for Compliance Report Declaration Form.



# Appendix A. Compliance Reporting Table

The University of Newcastle - F-Building (Bioresources Facility)

Development Conditions of Consent - Responsibility Matrix  
Application Number: SSD-8937



ID	Compliance Requirement	Monitoring Methodology	Evidence/ Notes	Compliance Status
<b>PART A - ADMINISTRATIVE CONDITIONS</b>				
<b>Obligation to Minimise Harm to the Environment</b>				
A1.	In addition to meeting the specific performance measures and criteria in this consent, all reasonable and feasible measures must be implemented to prevent, and if prevention is not reasonable and feasible, minimise any material harm to the environment that may result from the construction and operation of the development, and any rehabilitation required under this consent.	Management plans and site observations (including project team interviews)	Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under Appendix 1 Incident Notification and Reporting Requirements of the SSD consent.  There have been no complaints during this reporting period. During the site inspection the facility was found to be well run, quiet, tidy, with waste and hazardous substance storage being very well managed. The assessor found no issues of concern, nor any risk of material harm to the environment.	Compliant
<b>Terms of Consent</b>				
A2.	The development may only be carried out: (a) in compliance with the conditions of this consent; (b) in accordance with all written directions of the Planning Secretary; (c) generally in accordance with the EIS as amended by the Response to Submissions and Supplementary Response to Submissions; (d) in accordance with the approved plans in the table below	This table	A non-compliance is raised against condition A2(a) based on the non-compliances raised against conditions A20 and B31. It is noted that the non-compliances identified were considered administrative in nature.  <b>Recommendation: Addressing the non-compliances raised against conditions A20 and B31 will automatically address this non-compliance.</b>	Non-Compliant
A3.	Consistent with the requirements in this consent, the Planning Secretary may make written directions to the Applicant in relation to: (a) the content of any strategy, study, system, plan, program, review, audit, notification, report or correspondence submitted under or otherwise made in relation to this consent, including those that are required to be, and have been, approved by the Planning Secretary; (b) the implementation of any actions or measures contained in any such document referred to in (a) above.	Review and coordinate written directions from the Planning Secretary with the relevant project parties.	No directions have been received from the Planning Secretary this reporting period.	Not Triggered
A4.	The conditions of this consent and directions of the Planning Secretary prevail to the extent of any inconsistency, ambiguity or conflict between them and a document listed in condition A2(c). In the event of an inconsistency, ambiguity or conflict between any of the documents listed in condition A2(c), the most recent document prevails to the extent of the inconsistency, ambiguity or conflict.	Review and coordinate written directions Planning Secretary with the relevant project parties.	No inconsistency, ambiguity or conflict has been identified.	Not Triggered
<b>Limits of Consent</b>				
A5.	This consent lapses five years after the date from which it operates, unless the works associated with the development have physically commenced.	Development consent	The Development Consent for the Bioresources Facility was granted on 20 February 2019 as per Schedule 1, SSD-8937. The building is now complete and operational.	Not Triggered
A6.	This consent does not include approval of signage. Separate approval must be obtained for any signs which do not meet exempt development provisions	Development consent	No additional signage requiring approval	Not Triggered
<b>Prescribed Conditions</b>				
A7.	The Applicant must comply with all relevant prescribed conditions of development consent under Part 6, Division 8A of the EP&A Regulation.	Crown certificates	The relevant prescribed conditions of development consent under Part 6, Division 8A of the EP&A Regulation to the Project are Clause 98 and Clause 99A. Clause 98 of the EP&A Regulation requires Compliance with Building Code of Australia (BCA). - Crown Certificates were issued prior to construction. - Occupation Certificates were issued prior to occupation.	Compliant
<b>Planning Secretary as Mediator</b>				
A8.	In the event of a dispute between the Applicant and a public authority, in relation to an applicable requirement in this approval or relevant matter relating to the Development, either party may refer the matter to the Planning Secretary for resolution. The Planning Secretary's resolution of the matter must be binding on the parties.	Site observations	No matters have been raised that require resolution	Not Triggered
<b>Long Service Levy</b>				
A9.	For work costing \$25,000 or more, a Long Service Levy must be paid. For further information please contact the Long Service Payments Corporation Helpline on 131 441.	LSL payment confirmation	The Long Service Levy payments were paid before the commencement of Construction.	Compliant
<b>Legal Notices</b>				
A10.	Any advice or notice to the consent authority must be served on the Planning Secretary.	Site observations (including project team interviews)	No advice/notice were submitted with the consent authority this reporting period. As such, there have been no items served to the Planning Secretary this reporting period.	Not Triggered
<b>Evidence of Consultation</b>				
A11.	Where conditions of this consent require consultation with an identified party, the Applicant must: (a) consult with the relevant party prior to submitting the subject document to the Planning Secretary or Certifying Authority for information or approval; and (b) provide details of the consultation undertaken including: (i) the outcome of that consultation, matters resolved and unresolved; and (ii) details of any disagreement remaining between the party consulted and the Applicant and how the Applicant has addressed the matters not resolved.	Submission of evidence of consultation and review of Management Plans	No consultation under this condition was required during this reporting period	Not Triggered
<b>Staging, Combining and Updating Strategies, Plans or Programs</b>				
A12.	With the approval of the Planning Secretary, the Applicant may: (a) prepare and submit any strategy, plan or program required by this consent on a staged basis (if a clear description is provided as to the specific stage and scope of the development to which the strategy, plan or program applies, the relationship of the stage to any future stages and the trigger for updating the strategy, plan or program); (b) combine any strategy, plan or program required by this consent (if a clear relationship is demonstrated between the strategies, plans or programs that are proposed to be combined); and (c) update any strategy, plan or program required by this consent (to ensure the strategies, plans and programs required under this consent are updated on a regular basis and incorporate additional measures or amendments to improve the environmental performance of the development).	Management plans and site observations (including project team interviews)	The development is operational with no staging, combining or updates to strategies, plans or programs required.	Not Triggered
A13.	If the Planning Secretary agrees, a strategy, plan or program may be staged or updated without consultation being undertaken with all parties required to be consulted in the relevant condition in this consent.	Management plans and site observations (including project team interviews)	The development is operational with no staging, combining or updates to strategies, plans or programs required.	Not Triggered
A14.	If approved by the Planning Secretary, updated strategies, plans or programs supersede the previous versions of them and must be implemented in accordance with the condition that requires the strategy, plan or program.	Management plans and site observations (including project team interviews)	The development is operational with no staging, combining or updates to strategies, plans or programs required.	Not Triggered
<b>Structural Adequacy</b>				
A15.	All new buildings and structures, and any alterations or additions to existing buildings and structures, that are part of the development, must be constructed in accordance with: (a) the relevant requirements of the BCA; (b) any additional requirements of the Subsidence Advisory NSW where the building or structure is located on land within a declared Mine Subsidence District. Note 1: Under Part 6 of the EP&A Act, the Applicant is required to obtain construction and occupation certificates for the proposed building works. Note 2: Part 8 of the EP&A Regulation sets out the requirements for the certification of the development.	Construction certification and completion certification.	The development is now operational. Structural adequacy verified during the previous construction audits.	Compliant
<b>External Walls and Cladding</b>				
A16.	The external walls of all buildings including additions to existing building must comply with the relevant requirements of the BCA.	Completion certification including external wall certification	Certification of external walls verified during construction audits.	Compliant
<b>Bush Fire Protection</b>				
A17.	Water, electricity and gas are to comply with sections 4.1.3 of <i>Planning for Bush Fire Protection 2006</i> .	Construction Audit Reports	Assessment satisfied in previously undertaken Construction Audits	Compliant
<b>Applicability of Guidelines</b>				
A18.	References in the conditions of this consent to any guideline, protocol, Australian Standard or policy are to such guidelines, protocols, Standards or policies in the form they are in as at the date of this consent.	As per consent condition	Operational activities are understood to have generally been conducted in accordance with guidelines, protocols, Standards or policies in the form they are in as at the date of this consent.	Compliant
A19.	Consistent with the conditions of this consent and without altering any limits or criteria in this consent, the Planning Secretary may, when issuing directions under this consent in respect of ongoing monitoring and management obligations, require compliance with an updated or revised version of such a guideline, protocol, Standard or policy, or a replacement of them.	Site observations (including project team interviews)	No directions have been issued by the Planning Secretary this reporting period.	Not Triggered
<b>Monitoring and Environmental Audits</b>				
A20.	Any condition of this consent that requires the carrying out of monitoring or an environmental audit, whether directly or by way of a plan, strategy or program, is taken to be a condition requiring monitoring or an environmental audit under Division 9.4 of Part 9 of the EP&A Act. This includes conditions in respect of incident notification, reporting and response, non-compliance notification and independent environmental auditing. Note 1: For the purposes of this condition, as set out in the EP&A Act, "monitoring" is monitoring of the development to provide data on compliance with the consent or on the environmental impact of the development, and an "environmental audit" is a periodic or particular documented evaluation of the development to provide information on compliance with the consent or the environmental management or impact of the development.	Independent Environmental Audits are conducted in accordance with Development Conditions SSD-8937.	A non-compliance is raised against condition A20 based on the non-compliances raised against conditions B31.  <b>Recommendation: Addressing the non-compliances raised against condition B31 will automatically address this non-compliance.</b>	Non-Compliant
<b>Access to Information</b>				

The University of Newcastle - F-Building (Bioresources Facility)

Development Conditions of Consent - Responsibility Matrix  
Application Number: SSD-8937



ID	Compliance Requirement	Monitoring Methodology	Evidence/ Notes	Compliance Status
A21.	At least 48 hours before the commencement of construction until the completion of all works under this consent, or such other time as agreed by the Planning Secretary, the Applicant must: (a) make the following information and documents (as they are obtained or approved) publicly available on its website: (i) the documents referred to in condition A2 of this consent; (ii) all current statutory approvals for the development; (iii) all approved strategies, plans and programs required under the conditions of this consent; (iv) regular reporting on the environmental performance of the development in accordance with the reporting arrangements in any plans or programs approved under the conditions of this consent; (v) a comprehensive summary of the monitoring results of the development, reported in accordance with the specifications in any conditions of this consent, or any approved plans and programs; (vi) a summary of the current stage and progress of the development; (vii) contact details to enquire about the development or to make a complaint; (viii) a complaints register, updated monthly; (ix) audit reports prepared as part of any independent environmental audit of the development and the Applicant's response to the recommendations in any audit report; (x) any other matter required by the Planning Secretary; and (b) keep such information up to date, to the satisfaction of the Planning Secretary.	University website: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>	Documents can be accessed on the University's Website: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>	Compliant
<b>Compliance</b>				
A22.	The Applicant must ensure that all of its employees, contractors (and their sub-contractors) are made aware of and are instructed to comply with, the conditions of this consent relevant to activities they carry out in respect of the development.	Site observations, internal UoN policies, and interviews with current staff members.	Research facility staff undergo an extensive process prior to working in the facility. New employees must undergo the facilities onboarding process that involves the following stages: - UoN's Online Discovery Course: Induction Bioresources Building - CARE: Units 1 and 2 - UoN Bioresources Induction - UoN Bioresources Presentation - UoN Bioresources Walk-Through  Several Staff members undertook the Bioresources Facilities onboarding process this reporting period. A few examples of new staff members onboarded during this reporting period are as follows: - Maddison Chambers: Inducted on the 22/02/2024. The University recorded Georgia as passing their Bioresources Facility Presentation, online Discovery Course, and CARE Units 1 and 2. The University received Georgia's confirmation of completion certificate for the online modules on the 03/05/2024. - Georgia Tennant: Inducted on the 3/05/2024. The University recorded Georgia as passing their Bioresources Facility Presentation, online Discovery Course, and CARE Units 1 and 2. The University received Georgia's confirmation of completion certificate for the online modules on the 21/02/2024.  Contractors are inducted into the building by Facilities Management and once the relevant inductions have been completed they are allowed inside the Bioresources Building to undertake works under the supervision of a Staff member.	Compliant
<b>PART B - PRIOR TO COMMENCEMENT OF CONSTRUCTION</b>				
<b>Compliance Reporting</b>				
B30.	No later than two weeks before the date notified for the commencement of construction, a Compliance Monitoring and Reporting Program prepared in accordance with the Compliance Reporting Post Approval Requirements (Department 2018) must be submitted to the Department and the Certifying Authority.	Principal to submit Compliance Monitoring and Reporting Programme	The compliance Monitoring and Reporting Program for SSD 8937 - Bioresources Facility at UoN - B30 Compliance Monitoring and Reporting Program was submitted to the Planning Department prior to commencement of Construction.	Compliant
B31.	Compliance Reports of the project must be carried out in accordance with the Compliance Reporting Post Approval Requirements (Department 2018).	As per consent condition	The Operational Compliance Report (this report) was not conducted within 52-weeks of the previous (December 2022).  <b>Recommendation: Complete and submit the Operational Compliance Report to the Department and make publicly available within 60-days of submission.</b> <b>Note: this non-compliance is addressed with the completion and submission of this report.</b>	Non-Compliant
B32.	The Applicant must make each Compliance Report publicly available 60 days after submitting it to the Department and notify the Department and the Certifying Authority in writing when this has been done.	As per consent condition	The Previously submitted Operational Compliance Report is publicly available on the Universities website & this Operational Compliance Report will be made available on the Universities website once it has been submitted to the Department. The following link can be used to access the Universities Website: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>	Compliant
B33.	Notwithstanding the requirements of the Compliance Reporting Post Approval Requirements (Department 2018), the Planning Secretary may approve a request for ongoing annual operational compliance reports to be ceased, where it has been demonstrated to the Planning Secretary's satisfaction that an operational compliance report has demonstrated operational compliance.	As per consent condition	The applicant is yet to request to cease Compliance Reporting.	Not Triggered
<b>PART C - DURING CONSTRUCTION</b>				
<b>Independent Environmental Audit</b>				
C43.	Proposed independent auditors must be agreed to in writing by the Planning Secretary prior commencement of an initial construction Independent Audit.	Principal to provide documentary evidence of compliance	Request SSD-8937-PA-6 submitted to the Department for approval of auditors. Department letter received 1 September 2022 with approval of nominated AQUAS staff.	Compliant
C44.	No later than four weeks before the date notified for the commencement of construction an Independent Audit Program prepared in accordance with the Independent Audit Post Approval Requirements (Department 2018) must be submitted to the Department and the Certifying Authority.	Principal to provide documentary evidence of compliance	Construction audits were undertaken as required.	Compliant
C45.	Table 1 of the Independent Audit Post Approval Requirements (Department 2018) is amended so that the frequency of audits required during the construction phase is: (a) An initial construction Independent Audit must be undertaken within eight weeks of the notified commencement date of construction; and (b) A subsequent Independent Audit of construction must be undertaken no later than six months from the date of the initial construction Independent Audit. In all other respects, Table 1 remains the same. The Planning Secretary may require the initial and subsequent Independent Audits to be undertaken at different times to those specified above, upon giving at least four weeks' notice to the applicant of the date upon which the audit must be commenced.	Principal to provide documentary evidence of compliance	Construction audits were undertaken as required and as aligned to the IAPAR 2018. Sighted Department letter dated 4 March 2020 with acceptance of the Independent Audit Report No. 2 for the period of July 2019 to January 2020.  Previous independent audit was undertaken in 2022. It should be noted that the frequency of the Independent Audits every 3 years. The next Independent Audit should be undertaken in 2025 to ensure compliance.	Compliant
C46.	Independent Audits of the development must be carried out in accordance with: (a) the Independent Audit Program submitted to the Department and the Certifying Authority under condition C44 of this consent; and (b) the requirements for an Independent Audit Methodology and Independent Audit Report in the Independent Audit Post Approval Requirements (Department 2018).	Principal to provide documentary evidence of compliance	An Operational Independent Audit Report was completed retrospectively in September 2022, with report dated 9 November 2022 (Rev 1). DPE portal reference SSD-8937-PA-5, SSD-8937-PA-6, & SSD-8937-PA-7. Reports uploaded to the University website at the following link: <a href="https://www.newcastle.edu.au/engage/development-projects">https://www.newcastle.edu.au/engage/development-projects</a>  The next Operational Independent Audit report is due within 3-years of the last, September 2025.	Compliant
C47.	In accordance with the specific requirements in the Independent Audit Post Approval Requirements (Department 2018), the Applicant must: (a) review and respond to each Independent Audit Report prepared under condition C44 of this consent; (b) submit the response to the Department and the Certifying Authority; and (c) make each Independent Audit Report and response to it publicly available within 60 days after submission to the Department and notify the Department and the Certifying Authority in writing when this has been done.	Principal to provide documentary evidence of compliance	Previous audit reports were made publicly available with submission and response to findings to the Department as verified during the previous audits.	Compliant
C48.	Notwithstanding the requirements of the Independent Audit Post Approval Requirements (Department 2018), the Planning Secretary may approve a request for ongoing annual operational audits to be ceased, where it has been demonstrated to the Planning Secretary's satisfaction that an audit has demonstrated operational compliance.	Principal to provide documentary evidence of compliance	The applicant is yet to request to cease Compliance Reporting.	Not Triggered
<b>PART E - POST OCCUPATION</b>				
<b>Operation of Plant and Equipment</b>				



The University of Newcastle - F-Building (Bioresources Facility)

Development Conditions of Consent - Responsibility Matrix  
Application Number: SSD-8937



ID	Compliance Requirement	Monitoring Methodology	Evidence/ Notes	Compliance Status
E1.	All plant and equipment used on site, or to monitor the performance of the development must be: a) maintained in a proper and efficient condition; and b) operated in a proper and efficient manner.	Maximo, UoN Record and site observations	Sighted maintenance records in accordance with the monitoring frequency table. The maintenance checks are managed by the University in Maximo. Sighted spreadsheet, and Building F Maximo Work Orders.	Compliant
<b>Community Communication Strategy</b>				
E2.	The Community Communication Strategy, as approved by the Planning Secretary, must be implemented for a minimum of 12 months following completion of construction.	Maximo and maintenance records.	The building has been operational for longer than 12-months.	Compliant
<b>Operational Noise Limits</b>				
E3.	The Applicant must ensure that noise generated by operation of the development does not exceed the noise limits in the Noise and Vibration Impact Assessment dated August 2018 by Muller Acoustic Cons	Site Observations, interviews with user groups and Acoustic and Vibration Compliance testing.	Noise monitoring conducted 15 February 2023, with report dated 3 March 2023. DPE portal reference SSD-8937-PA-8.  The assessor understands there have been nil noise complaints or issues raised to the University's attention.	Compliant
E4.	Noise associated with the operation of any plant, machinery, or other equipment on the site, must not exceed 5 dB(A) above the rating background noise level when measured at the boundary of any sensitive receiver.	Site Observations, interviews with user groups and Acoustic and Vibration Compliance testing.	There were no noise exceedances as concluded within the Acoustic Compliance Testing Report described in Condition E3.  The assessor understands there have been nil noise complaints or issues raised to the University's attention.	Compliant
E5.	The Applicant must undertake short term noise monitoring in accordance with the Noise Policy for Industry, to collect valid data and provide a quantitative assessment of operational noise impacts following occupation of the building. The noise monitoring must be carried out by an appropriately qualified person and a monitoring report must be submitted to the Planning Secretary within three months of full occupation of the building. Should the noise monitoring identify any exceedance of the recommended noise levels, the Applicant must implement appropriate on-site noise attenuation measures to ensure operational noise levels do not exceed the recommended noise levels and/or provide noise attenuation measures at the affected noise sensitive receivers.	Site observations and Short term noise monitoring compliance Report	Noise monitoring conducted 15 February 2023, with report dated 3 March 2023. DPE portal reference SSD-8937-PA-8.	Compliant
<b>Unobstructed Driveways and Parking Areas</b>				
E6.	All driveways, footways and parking areas must be unobstructed at all times. Driveways, footways and car spaces must not be used for the manufacture, storage or display of goods, materials, refuse, skips or any other equipment and must be used solely for vehicular and/or pedestrian access and for the parking of vehicles associated with the use of the premises.	Site observations (including project team interviews)	No obstruction was noted in the site inspection. Refer to the inspection photos in Appendix for visual evidence.	Compliant
<b>Outdoor Lighting</b>				
E7.	Notwithstanding Condition D14, should outdoor lighting result in any residual impacts on the amenity of surrounding sensitive receivers, the Applicant must provide mitigation measures in consultation with affected landowners to reduce the impacts to an acceptable level.	Site observations (including project team interviews)	Outdoor lighting observed is acceptable. The building is located upon University grounds with no impact noted to surroundings.  The assessor understands there have been nil lighting complaints or issues raised to the University's attention.	Compliant
<b>Odour Management</b>				
E8.	The following odour management measures are to be adhered to for the duration of occupation of the development: (a) The autoclaving cycle is not to be conducted in the early mornings (prior to 9:00am) during the winter months (b) All wastes are to be covered and all waste management practices and protocols followed.	Site observations (including project team interviews)	No evidence of odour was noted during site inspection or through consultation with University representatives as part of the Compliance Reporting process.	Compliant
<b>Hazards Management</b>				
E9.	The Applicant must ensure that the quantities of dangerous goods stored within the development or transported to and from the development will remain below the screening threshold quantities listed in the Department's Applying SEPP 33 guideline (January 2011) at all times.	Site observations (including project team interviews)	The site inspection did not identify any inappropriate storage of any substances. Refer to site inspection photos as part of the report.	Compliant
E10.	The Applicant must store and handle all chemicals, fuels and oils within the development in accordance with: (a) the requirements of all relevant Australian Standards; and (b) the NSW EPA's Storing and Handling of Liquids: Environmental Protection - Participants Handbook if the chemicals are liquids. In the event of an inconsistency between the requirements listed from (a) to (b) above, the most stringent requirement shall prevail to the extent of the inconsistency.	Site observations (including project team interviews)	The site inspection did not identify any inappropriate storage of any Chemical, Fuels, or oils. Refer to site inspection photos as part of the Compliance Reporting process.	Compliant
<b>Fire Safety Certificate</b>				
E11.	The owner must submit to Council an Annual Fire Safety Statement, each 12 months after the final Safety Certificate is issued. The certificate must be on, or to the effect of, Council's Fire Safety Statement.	Site Observations	The Annual Fire Safety Statement was issued on October 17th 2023. Inspection undertaken by an accredited practitioner (Fire safety) F034855A.	Compliant
<b>Landscaping</b>				
E12.	The landscaping is to be maintained at all times following its installation in accordance with the approved Landscaping Management Plan.	Site observations (including project team interviews)	Landscaping appears to be well managed and maintained. Evidence is provided in the photos taken during the site inspection. Refer to reporting photos.	Compliant
<b>Asset Protection Zones</b>				
E13.	The asset protection zones required by Condition D19 shall be maintained for the duration of occupation of the development.	Site observations.	The University has a Bushfire Asset Management Plan in place. A Bushfire Monitoring Plan was also developed in September 2019 (Version 2). The grounds surrounding the facility were well maintained and kept clear of debris, however, as the University is in an area prone to bushfire, an opportunity for improvement has been raised against condition D19. The University of Newcastle is currently in the process of getting their Bushfire Monitoring Plan reviewed by an external Bushfire Management Consultant and this is expected to be completed by the middle of 2024.	Compliant
<b>Ecologically Sustainable Development</b>				
E14.	Unless otherwise agreed by the Planning Secretary, within six months of commencement of operation, Green Star certification must be obtained demonstrating the development achieves a minimum 4-star Green Star As Built rating. If required to be obtained, evidence of the certification must be provided to the Certifying Authority and the Planning Secretary.	Independent reviews	WSP Australia Pty Ltd undertook a review of the facility on 9 June 2021, within six months of commencement of operation (March 2021) as sighted - ref P5110888-ESD-MEM-05, Rev 00 Green Star Independent Review - As Built. The outcome of the review determined that the facility achieved a 4-star Green Star rating. Submitted to the Department 9 September 2021 as evidenced - receipt email from DPE with no comments raised.	Compliant
<b>APPENDIX 1 - INCIDENT NOTIFICATION AND REPORTING REQUIREMENTS</b>				
<b>Written Incident Notification Requirements</b>				
1	A written incident notification addressing the requirements set out below must be emailed to the Department at the following address: compliance@planning.nsw.gov.au within seven days after the Applicant becomes aware of an incident. Notification is required to be given under this condition even if the Applicant fails to give the notification required under condition C40 or, having given such notification, subsequently forms the view that an incident has not occurred.	Project team interviews	Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under Appendix 1 Incident Notification and Reporting Requirements of the SSD consent.	Not Triggerred
2	Written notification of an incident must: a. identify the development and application number; b. provide details of the incident (date, time, location, a brief description of what occurred and why it is classified as an incident); c. identify how the incident was detected; d. identify when the applicant became aware of the incident; e. identify any actual or potential non-compliance with conditions of consent; f. describe what immediate steps were taken in relation to the incident; g. identify further action(s) that will be taken in relation to the incident; and h. identify a project contact for further communication regarding the incident.	Project team interviews	Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under Appendix 1 Incident Notification and Reporting Requirements of the SSD consent.	Not Triggerred
3	Within 30 days of the date on which the incident occurred or as otherwise agreed to by the Planning Secretary, the Applicant must provide the Planning Secretary and any relevant public authorities (as determined by the Planning Secretary) with a detailed report on the incident addressing all requirements below, and such further reports as may be requested.	Project team interviews	Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under Appendix 1 Incident Notification and Reporting Requirements of the SSD consent.	Not Triggerred

The University of Newcastle - F-Building (Bioresources Facility)

Development Conditions of Consent - Responsibility Matrix  
Application Number: SSD-8937



ID	Compliance Requirement	Monitoring Methodology	Evidence/ Notes	Compliance Status
4	The Incident Report must include: a. a summary of the incident; b. outcomes of an incident investigation, including identification of the cause of the incident; c. details of the corrective and preventative actions that have been, or will be, implemented to address the incident and prevent recurrence; and d. details of any communication with other stakeholders regarding the incident.	Project team interviews	Two minor incidents were raised to the assessor's attention for this reporting period. These incidents were deemed to not require further notification to the Department under <i>Appendix 1 Incident Notification and Reporting Requirements</i> of the SSD consent.	Not Triggered

## Appendix B. Compliance Photos

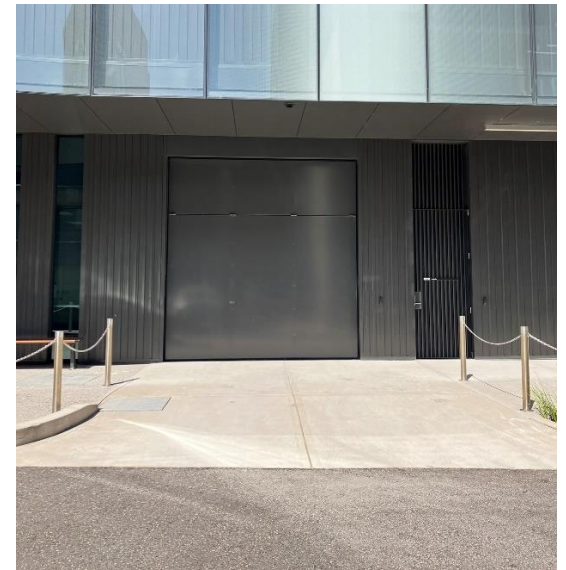
**Figure 1**  
*Entry to building kept clean and clear*



**Figure 2**  
*Landscaping around entrance is well maintained*



**Figure 3**  
*Loading zone parking free and clear of obstructions*



**Figure 4**  
*External perimeter kept clear and clean*



**Figure 5**  
*External landscaping kept well maintained*



**Figure 6**  
*External paths of travel kept clear and clean*



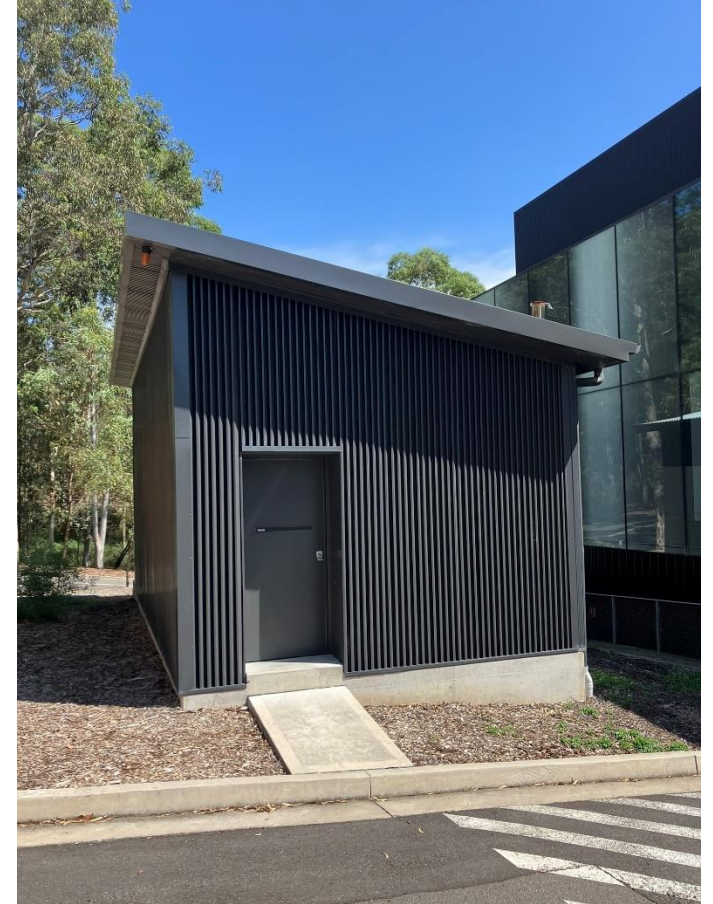
**Figure 7**  
*Paths around building kept clean and clear*



**Figure 8**  
*External landscaping kept well maintained*



**Figure 9**  
*Access to generator and pump room kept clean and clear*



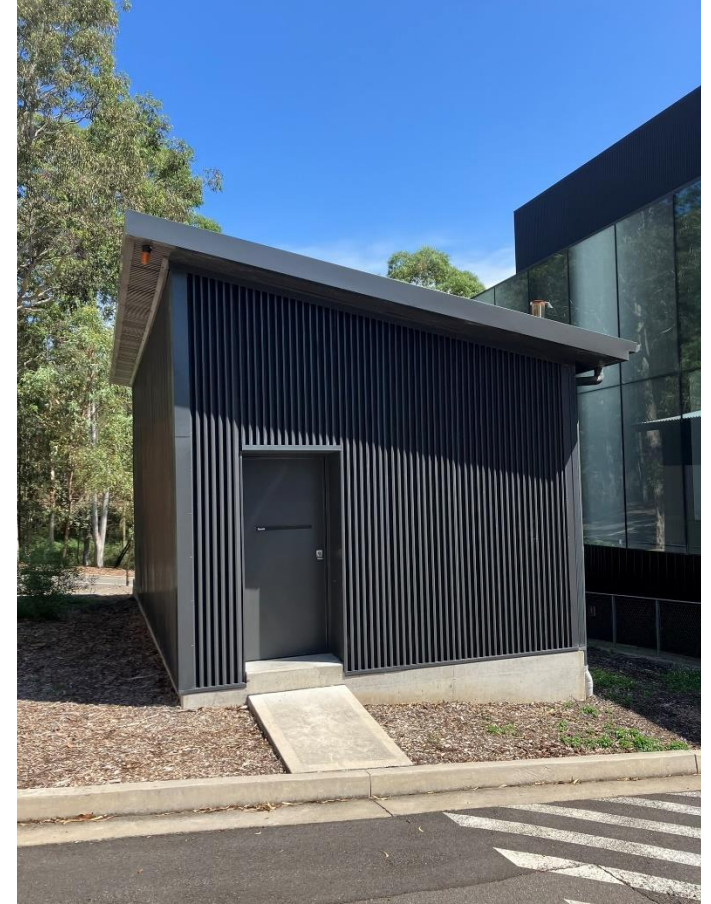
**Figure 10**  
*Paths around building kept clean and clear*



**Figure 11**  
*External landscaping kept well maintained*



**Figure 12**  
*Access to generator and pump room kept clean and clear*



**Figure 13**  
*External Signage - Fire Extinguisher*



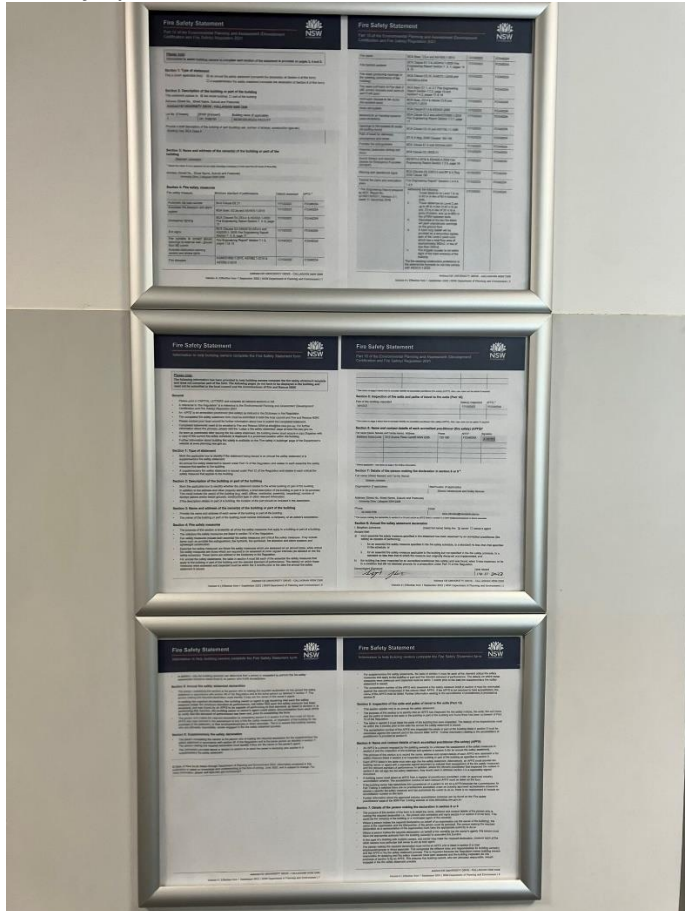
**Figure 14**  
*External Signage – Switchboard*



**Figure 15**  
*External Signage – Non-flammable Gas*



**Figure 16**  
Fire Safety Statements



**Figure 17**  
Fire Safety Statement – Signed and dated

**Fire Safety Statement**

Part 15 of the Environmental Planning and Assessment (Development Certification and Fire Safety) Regulation 2021

NSW GOVERNMENT


\* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

**Section 5: Inspection of fire exits and paths of travel to fire exits (Part 15)**

Part of the building inspected	Date(s) inspected	APFS*
WHOLE	17/10/2023	FO34925A

\* See notes on page 4 about how to correctly identify an accredited practitioner (fire safety) (APFS). Also, new rows can be added if required.

**Section 6: Name and contact details of each accredited practitioner (fire safety) (APFS)\***

Full name (Given Name(s) and Family Name)	Address	Phone	APFS*	Signature
Matthew Kohle-Love	3/10 Anuma Place Cardiff NSW 2285	133 166	FO34925A	

\* Where applicable – see notes on page 4 for further information.

**Section 7: Details of the person making the declaration in section 8 or 9\***

Full name (Given Name(s) and Family Name)  
Stephen Johnston

Organisation (if applicable)  
Director Infrastructure and Facility Services

Address (Street No, Street Name, Suburb and Postcode)  
University Drive, Callaghan NSW 2308

Phone  
02-4055 0758

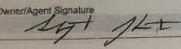
Email  
steve.johnston@newcastle.edu.au

\* The person making the declaration in section 8 or 9 must not be an APFS listed in section 6 or their employer/employees or direct associate.

**Section 8: Annual fire safety statement declaration**

I, Stephen Johnston (insert full name) being the:  owner  owner's agent declare that:

- each essential fire safety measure specified in this statement has been assessed by an accredited practitioner (fire safety) as capable of performing:
  - for an essential fire safety measure specified in the fire safety schedule, to a standard no less than that specified in the schedule, or
  - for an essential fire safety measure applicable to the building but not specified in the fire safety schedule, to a standard no less than that to which the measure was originally designed and implemented, and
- the building has been inspected by an accredited practitioner (fire safety) and was found, when it was inspected, to be in a condition that did not disclose grounds for a prosecution under Part 15 of the Regulation.

Owner/Agent Signature  Date Issued 14.11.2023

Address 130 UNIVERSITY DRIVE - CALLAGHAN NSW 2308

Version 4 | Effective from 1 September 2022 | NSW Department of Planning and Environment | 3

**Figure 18**  
External Signage – Non-flammable Gas





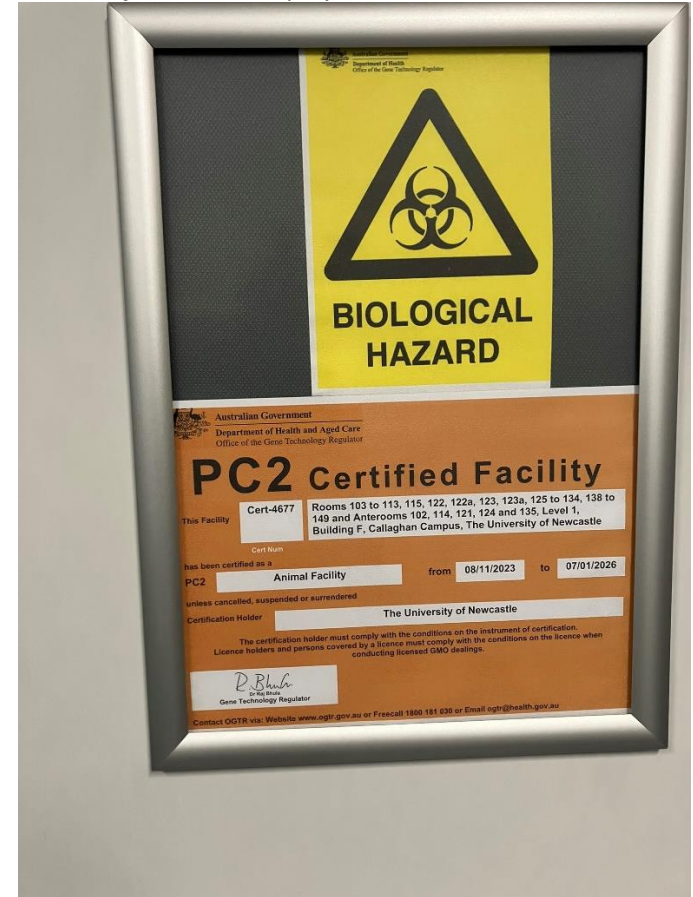
**Figure 19**  
Gas Leak Detector in Operation



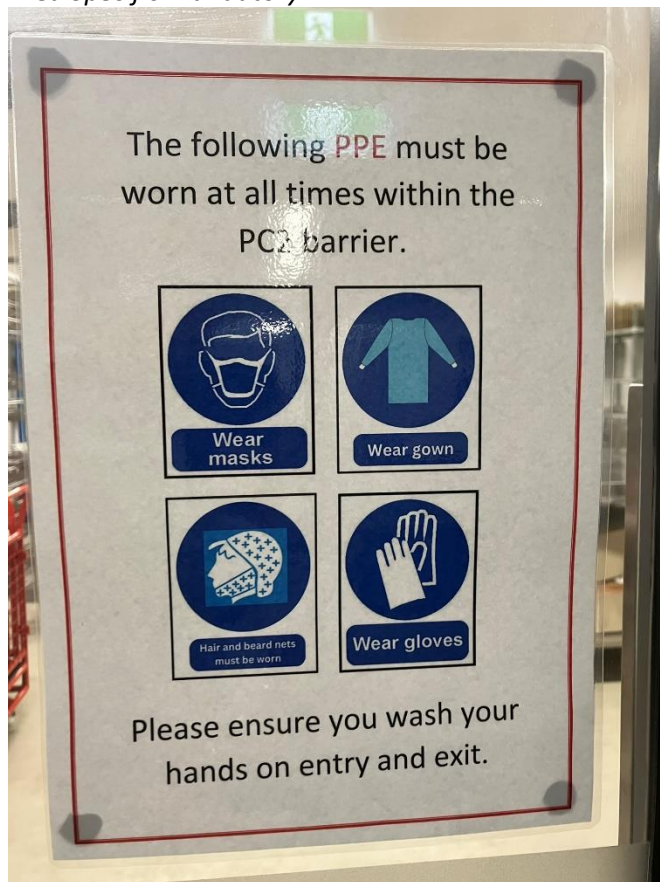
**Figure 20**  
Evacuation Diagrams Throughout the Building



**Figure 21**  
PC2 Certificated on Display



**Figure 22**  
*Area Specific Mandatory PPE*



**Figure 23**  
*Eyewash Kit in Emergency Shower & Eye Wash Area*



**Figure 24**  
*Statutory Emergency Shower & Eye Wash Signage*



**Figure 25**  
Shower and Eye Wash Station



**Figure 26**  
Shower and Eye Wash Station Inspection Record

**PRATT**  
SAFETY SYSTEMS

DATE	INITIAL	COMMENTS
7.12.23	SH	
16.1.23	MS	
8.2.23	BV	
21.3.23	LC	
12.4.23	BV	
23.5.23	BV	
22.6.23	DH	
17.7.23	LC	
15.8.23	DH	
17.9.23	LC	
19.10.23	LC	
9.11.23	LC	
13.12.23	DH	
18.1.24	RB	
23.2.24	DH	

**Figure 27**  
PPE Station



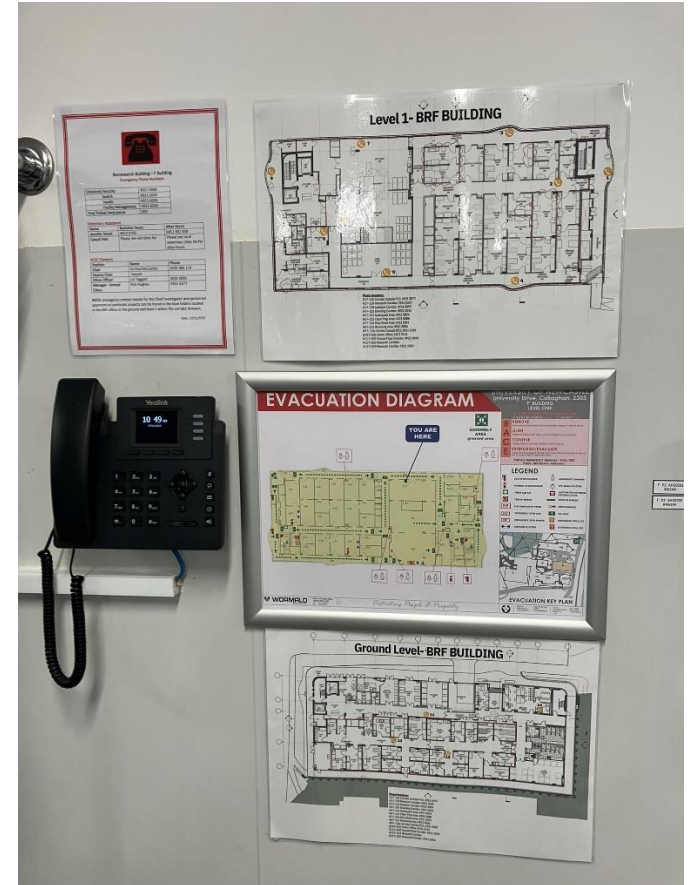
**Figure 28**  
*Internal Work Areas Clean and Clear of Obstructions*



**Figure 29**  
*Internal Racking Organised and free from clutter*



**Figure 30**  
*Building Briefing Diagrams, Evacuation Routes and Emergency Phone*



**Figure 31**  
*Chemical Storage – Corrosive*



**Figure 32**  
*Chemical Storage – Flammable Liquid*



**Figure 33**  
*Chemical Storage – Flammable Liquid (internal)*



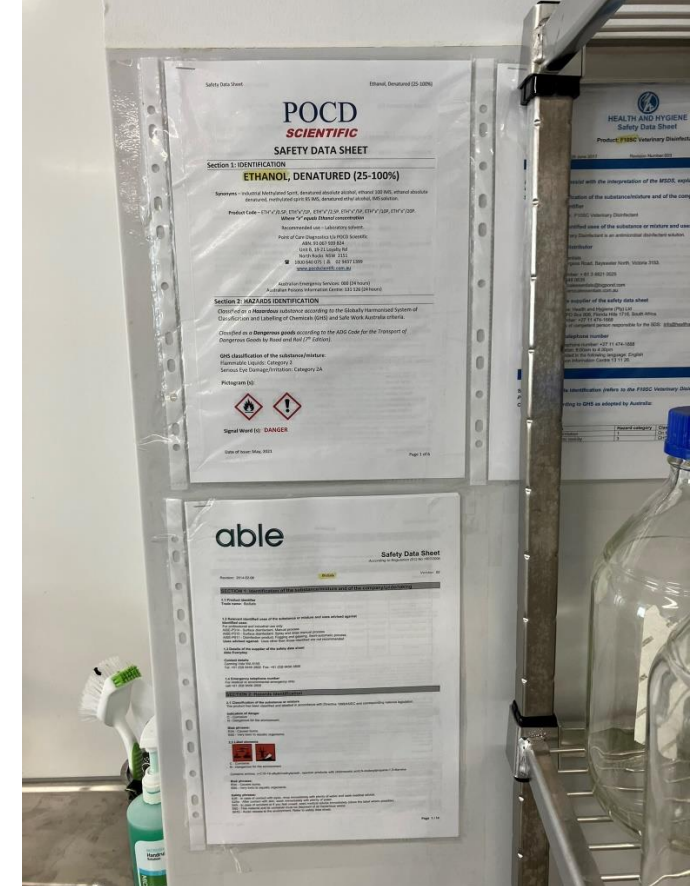
**Figure 34**  
Chemical Storage – Flammable Liquid



**Figure 35**  
Drug Safes



**Figure 36**  
Safety Data Sheets



**Figure 37**  
*Liquid Solution Dispenser*



**Figure 38**  
*Steriliser in PC2 Zone*



**Figure 39**  
*Waste Disposal in PC2 Area*



**Figure 40**  
*Waste Compactor*



**Figure 41**  
*Waste Filtration System (Dust)*



**Figure 42**  
*General Waste Storage Bins*





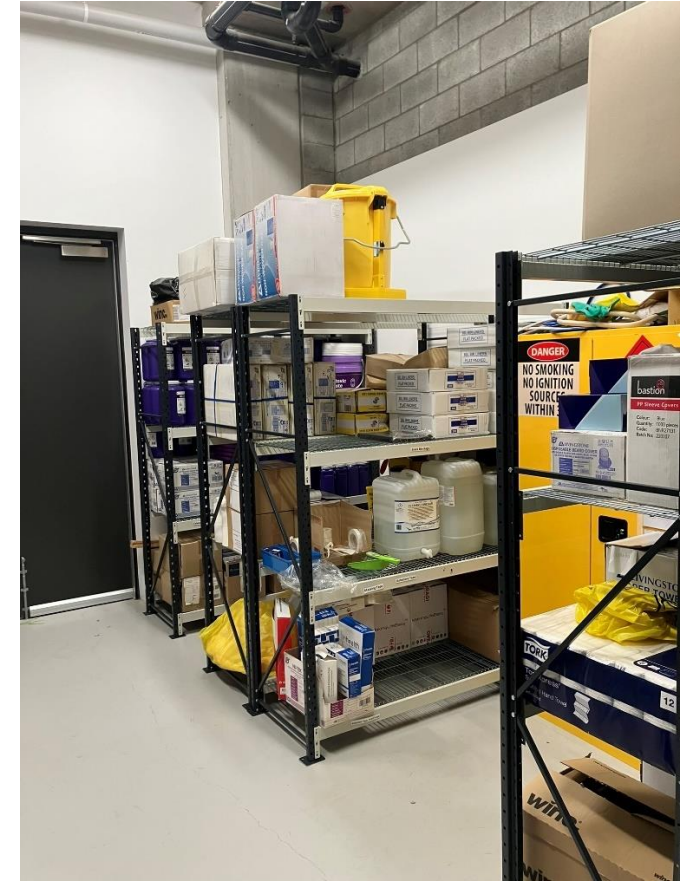
**Figure 43**  
*Medical Waste*



**Figure 44**  
*General Storage (Consumables for Subjects)*



**Figure 45**  
*General Storage (PPE and General Cleaning)*



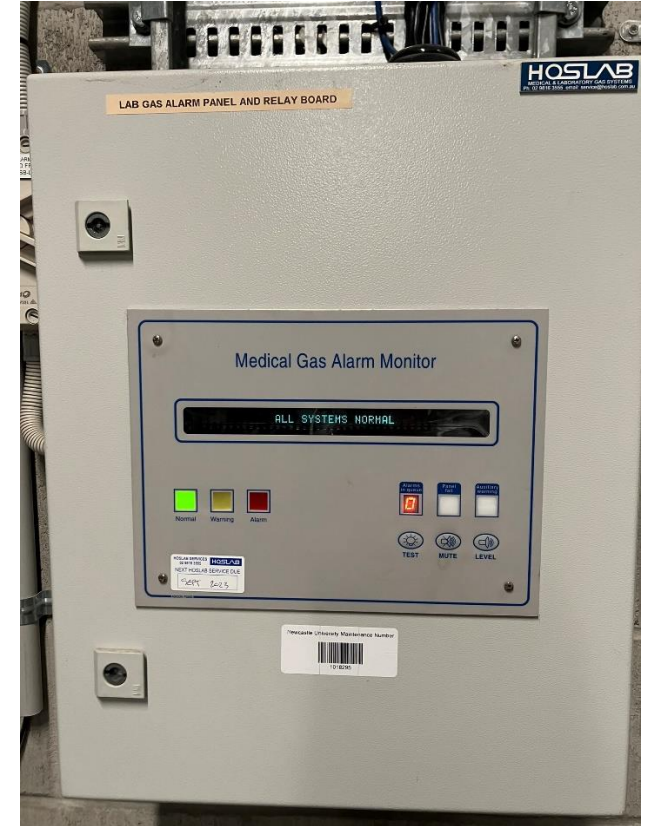
**Figure 46**  
Main Switch Board



**Figure 47**  
Plant Room – Compressor



**Figure 48**  
Plant Room – Medical Gas Alarm Monitor



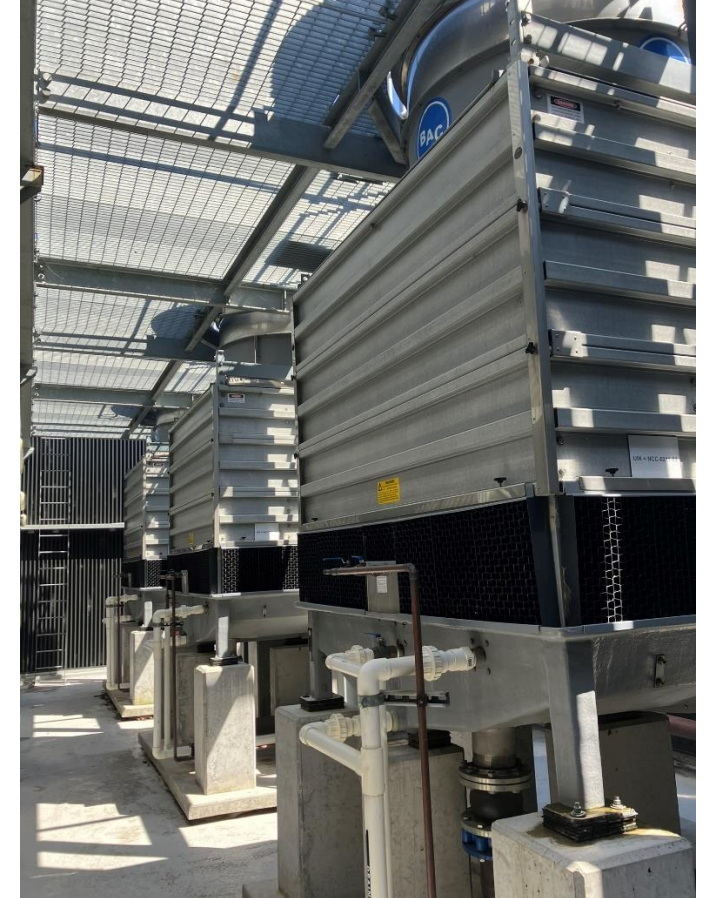
**Figure 49**  
Chiller Room – Plant



**Figure 50**  
Chiller Room – Control Panel



**Figure 51**  
Chiller Room – Cooling Towers



**Figure 52**  
*Natural Gas Isolation Valve – Clearly Labelled*



**Figure 53**  
*Internal Fire Extinguisher*



**Figure 54**  
*Internal AED Station*



## Appendix C. Compliance Report Declaration Form


Compliance Report Declaration Form	
Project Name:	UON F-Building (Bioresources Facility)
Project Application Number:	SSD-8937
Description of Project:	<ul style="list-style-type: none"> <li>The facility commenced 1 March 2021 and has been fully operational since with:</li> <li>Plant rooms in operation, containing air handling units, boilers, war and cool water systems, cooling towers, compressors, blow down tanks and expansion tanks</li> <li>Narrow spectrum lighting (or red LEDs) and SmartFlow air handling units in use within the PC2 area</li> <li>Research and associated work were actively being undertaken by facility staff on site.</li> </ul>
Project Address:	The University of Newcastle, Callaghan Campus (Part Lot 1 DP 1188100)
Proponent:	The University of Newcastle
Title of Compliance Report:	Bioresources Facility – Operational Compliance Report 2
Date:	12 April 2024

I declare that I have reviewed relevant evidence and prepared the contents of the attached Compliance Report and to the best of my knowledge:

- the Compliance Report has been prepared in accordance with all relevant conditions of consent;
- the Compliance Report has been prepared in accordance with the Compliance Reporting Post Approval Requirements;
- the findings of the Compliance Report are reported truthfully, accurately and completely;
- due diligence and professional judgement have been exercised in preparing the Compliance Report; and
- the Compliance Report is an accurate summary of the compliance status of the development.

Notes:

- Under section 10.6 of the Environmental Planning and Assessment Act 1979 a person must not include false or misleading information (or provide information for inclusion in) a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is false or misleading in a material respect. The proponent of an approved project must not fail to include information in (or provide information for inclusion in) a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is materially relevant to the monitoring or audit. The maximum penalty is, in the case of a corporation, \$1 million and for an individual, \$250,000; and
- The Crimes Act 1900 contains other offences relating to false and misleading information: section 307B (giving false or misleading information – maximum penalty 2 years' imprisonment or 200 penalty units, or both).

Name of Reporting Officer:	Mathew Watson
Title:	Operational Compliance Assessor
Signature:	
Qualification:	Bachelor of Engineering in Mechanical Engineering with Honours Class I
Company:	The APP Group
Company Address:	Level 2, 426 King Street, Newcastle NSW



Property and Infrastructure Specialists

### **Adelaide**

61 8 8409 4280

Level 1  
151 South Terrace  
Adelaide SA 5000

### **Brisbane**

61 7 3238 0400

Ground Floor  
143 Coronation Drive  
Milton QLD 4064

### **Canberra**

61 2 9957 6211

Level 9  
121 Marcus Clarke Street  
Canberra ACT 2600

### **Melbourne**

61 3 8866 0200

Level 7  
420 St Kilda Road  
Melbourne VIC 3004

### **Newcastle**

61 2 4928 7600

Level 2  
426 King Street  
Newcastle NSW 2300

### **Perth**

61 8 9224 6300

Level 4  
181 Adelaide Terrace  
Perth WA 6004

### **Sydney**

61 2 9957 6211

Level 7  
116 Miller Street  
North Sydney NSW 2060

### **Wollongong**

61 2 4220 6300

Suite 3, Level 1  
6-8 Regent Street  
Wollongong NSW 2500

APP Corporation Pty Limited ABN 29 003 764 770