



Department of Energy, Mines,
Industry Regulation and Safety



Health and Hygiene Sampling Bulk Lodgement

Using the Excel template for bulk upload

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1 Glossary

Term / Acronym	Meaning
DEMIRS	Department of Energy, Mines, Industry Regulation and Safety
OSH	Occupational Safety and Health
SRS	Safety Regulation System
WHSA	<i>Work Health and Safety Act 2020</i>
WHS(M)R	Work Health and Safety (Mines) Regulations 2022
XML	eXtensible Markup Language. A text-based file format used to store and transport data

2 Introduction

The Department of Mines, Industry Regulation and Safety (DEMIRS) has developed functionality within the Safety Regulation System (SRS) to allow atmospheric, biological and noise dosimetry samples to be submitted in bulk. This can be done by using either an XML file or an Excel template provided by the department.

This document details how to obtain and use the Excel template.

To learn about the XML file schema used by the department that can be used in place of the Excel file, refer to [Appendix C - Preparing an XML file for upload](#).

To learn how to submit the XML or Excel file to the department via the SRS bulk upload functionality, refer to [Appendix D - Accessing and uploading data into SRS](#).

3 Using the Excel template for bulk upload

For details on how to use the Excel template to bulk upload data into SRS, refer to [Appendix A - Using the Excel template for bulk upload](#).

4 Reference codes required for XML and Excel files

Both the XML and Excel files require reference codes to be used for equipment, location, occupation, agents, sample timing and personal protective equipment (PPE). Refer to [Appendix B - Reference codes required for XML and Excel files](#) for the latest list.

5 Preparing an XML file for upload

For details on how to prepare an XML file to bulk upload data into SRS, refer to [Appendix C - Preparing an XML file for upload](#). File schema details and examples are included to assist with this process.

6 Accessing and uploading data into SRS

Appropriate security access is required to access the bulk lodgement functionality within SRS. For details on the required access and how it may be obtained, plus instructions on how to navigate through the steps to upload your Excel file to SRS, refer to [Appendix D - Accessing and uploading data into SRS](#).

7 Further Information

Further information can be found by accessing the [department's website](#).

Alternatively, you can contact the SRS Manager via the following details:

Contact: Hygiene Manager

Address: Lvl 2, 1 Adelaide Tce, East Perth, WA 6004

Postal Address: Mineral House, 100 Plain Street, East Perth, WA 6004

Telephone: (08) 9358 8001 (option 2)

Email: SRSHygieneManager@dmirs.wa.gov.au

APPENDICES

i. **Appendix A - Using the Excel template for bulk upload**

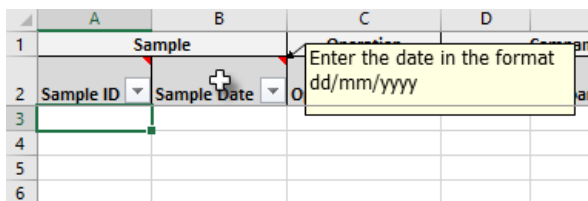
This section outlines the Excel template provided by the department that can be used to load samples into SRS.

1 **Excel Template**

The template is made up of four worksheets:

- 1) How To Use This Template
- 2) Atmospheric
- 3) Biological
- 4) Noise

Comments exist for a number of columns. These are indicated by a red triangle in the top right hand corner of the column header. Simply mouse-over the column header to view them.



It is not mandatory to complete each worksheet, however at least one worksheet must have data entered. For example, if you have only taken noise samples then you only need to complete the details on the Noise worksheet.

No smarts have been built into the template as the validation is undertaken within SRS when the file is imported.

1.1 **How To Use This Template**

This worksheet is displayed by default and contains information to assist users with filling out the template.

Please read and follow the instructions.

Department of Energy, Mines,
Industry Regulation and Safety
WorkSafe

Please contact SRSHealthandHygieneManager@dmirs.wa.gov.au for any issues or enquiries

Template Version: 2

This file can be used to upload atmospheric and/or biological and/or noise dosimetry samples that have been recorded at a mine site or exploration operation into SRS. The information collected in the file is the same as when entering samples individually directly into SRS.

There is no validation of the data in this file. All validation is undertaken when the file is imported into SRS.

For all samples:

- A unique sample ID must be specified for each sample. This is a reference to your own databases. An independent reference ID for each sample will be generated in SRS.
- Enter the operation type of Mining or Exploration.
- Enter the company and site codes (Onnnnn / SGnnnnnn) and names as they appear in SRS.
- If the site has a current Health Management Plan (HMP) in SRS then enter its reference ID, the relevant SEG ID and indicate whether the sample was taken in an investigative capacity. If the site does not yet have an active HMP in SRS then leave this section blank.
- Enter the sampled person's surname, given name(s), date of birth (as dd/mm/yyyy) and gender (as 'Female' or 'Male').
- Provide the most appropriate six digit occupation code and the three digit location code that best represents where the measured exposure occurred.

Atmospheric

- To describe the sampled person's regular shift pattern, provide their usual shift length (in hours), days on and days off in a regular cycle. In cases of irregular shift patterns, enter the average number of days on and days off each month.
- Under 'Sample Collected by', enter the registration number (HSR-nn-nnnnn), surname and given name of the registered hygiene sampler who collected the sample (as they appear in SRS).
- For each contaminant sampled, enter the equipment code, agent code and unit of measurement. Enter a concentration for at least one of TWA result, STEL result or PEAK result and for any value entered indicate whether this is below the detection limit for the equipment used.

Biological

- Enter the appropriate sample timing code to indicate where in the work cycle the person was when the sample was taken.
- In the appropriate fields, enter the agent code, the result and the unit of measurement and indicate whether the concentration was below the limit of detection for the method used.

Noise

- To describe the sampled person's regular shift pattern, provide their usual shift length (in hours), days on and days off in a regular cycle. In cases of irregular shift patterns, enter the average number of days on and days off each month.
- Under 'Sample Collected by', enter the certificate number (CNO-nn-nnnnn), surname and given name of the noise officer who took the measurement.
- Enter the LAeq,8h and Lpeak results.
- Details of the hearing protection devices in use at the time of sampling is required for all noise samples.
- The required codes are found in section nine of the [SRS Code Index](#).

Declaration questions - optional

- The declaration questions are used to triage exceedances of exposure standards and action limits in order to avoid superfluous exceedance investigations.
- Any sample that is registered as an exceedance in SRS will create tasks to investigate and address any excessive exposures onsite, responses to the five declaration questions are required for atmospheric and noise exceedances.
- The responses may be provided for any atmospheric or noise sample lodged using bulk upload or you may respond to the declaration questions as part of each individual exceedance action.

Note: For any questions, enter 'Yes' or 'No'.

Occupation codes, Location codes, Equipment codes, Agent codes, Sample Timing codes and others can be found in the [SRS Code Index](#).

1.2 Atmospheric

This worksheet allows the user to record any atmospheric samples that have been taken.

Where a sample was taken for multiple contaminants e.g. Respirable Dust and Inspirable Dust, each contaminant must be entered on separate rows using the same Sample ID.

There are 36 columns that are grouped into 11 headings. These are listed below, along with the corresponding cell reference.

Type	Field	Description/Detail	
Sample (A1:B1)	Sample ID (A2)	Description	Each sample must contain a unique reference ID
		Mandatory	Yes
		Type	String
		Format	Max length 120
		Validation	An error will be displayed if the Sample ID has already been used or is duplicated in the file
	Sample Date (B2)	Description	The date the sample was taken
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	Cannot be in the future
Operation	Operation Type	Description	Type of operation activity the person sampled was involved in

Type	Field	Description/Detail	
(C1)	(C2)	Mandatory	Yes
		Type	Operation
		Format	
		Validation	Allowable values: Mining Exploration *Please note: Mining should be set unless sampling is conducted on people involved with exploration drilling, in which case Exploration should be set
Company (D1:E1)	Company Code (D2)	Description	Company Code - Unique string allocated by the department to identify the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Company Code - O\d{5}
		Validation	*Please note: The format for the Company Code may lengthen in future.
	Company Name (E2)	Description	Company Name which identifies the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Max length 60
		Validation	Enter in the name of the company as it appears in SRS
Site (F1:G1)	Site Code (F2)	Description	Unique Site code allocated by the department to identify the site where sampling is carried out on.
		Mandatory	Yes if Operation is Mining
		Type	String
		Format	SG\d{7}
		Validation	*Please note: the format for the Site Code may lengthen in future.
	Site Name	Description	Name of site

Type	Field	Description/Detail	
	(G2)	Mandatory	Yes if Operation is Mining
		Type	String
		Format	Max length 60
		Validation	Enter in the name of the site as it appears in SRS
Health and Hygiene Management Plan (H1:J1)	Current HHMP (H2)	Description	If the site has a current Health Management Plan (HMP) in SRS then enter its reference ID
		Mandatory	No
		Type	String
		Format	HHMP-nnnnnn
		Validation	
	SEG ID (I2)	Description	The Similar Exposure Group (SEG) ID related to the sampled person
		Mandatory	No
		Type	String
		Format	
		Validation	
	Investigative Capacity (J2)	Description	Indicate whether the sample was taken in an investigative capacity
		Mandatory	No
		Type	String
		Format	
		Validation	Allowable values: Yes No
Sampled Person (K1:P1)	Surname (K2)	Description	Surname of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max length 30
		Validation	
	Given Name(s) (L2)	Description	Given Name(s) of the person sampled
		Mandatory	Yes

Type	Field	Description/Detail	
		Type	String
		Format	Max Length 30
		Validation	
	Date of Birth (M2)	Description	Date of Birth of the person sampled
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	
	Gender (N2)	Description	Gender of the person sampled
		Mandatory	Yes
		Type	String
		Format	
		Validation	Allowable Values: Female Male
	Occupation Code (O2)	Description	Occupation code of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max length 6
		Validation	Allowable Values: See Appendix B for Occupation Codes
	Location Code (P2)	Description	The location where most of the exposure occurred during sampling
		Mandatory	Yes
		Type	String
		Format	Max length 3
		Validation	Allowable Values: See Appendix B for Location codes
Shift Length (Q1)	Shift Length (Q2)	Description	Shift length of the person sampled – hours and minutes as decimal eg 7.5 for and seven and a half hour shift
		Mandatory	Yes

Type	Field	Description/Detail	
		Type	Decimal
		Format	(4,2)
		Validation	
Shift Pattern (R1:S1)	Days On (R2)	Description	Number of days on in the shift pattern of the person sampled
		Mandatory	Yes
		Type	Int
		Format	
		Validation	
	Days Off (S2)	Description	Number of days off in the shift pattern of the person sampled
		Mandatory	Yes
		Type	Int
		Format	
		Validation	
Sample Collected By (T1:V1)	Registration Number (T2)	Description	Unique Id assigned to an approved Registered Hygiene Sampler by the department
		Mandatory	Yes
		Type	String
		Format	Max length 30
		Validation	Registration is current at sampling date
	Sampler's Surname (U2)	Description	Surname of the Registered Sampler
		Mandatory	Yes
		Type	String
		Format	Max Length 30
		Validation	
	Sampler's Given Name(s) (V2)	Description	Given name of the Registered Sampler
		Mandatory	Yes
		Type	String
		Format	Max Length 30
		Validation	

Type	Field	Description/Detail	
Results (W1:AE1)	Equipment Code (W2)	Description	Sampling equipment used
		Mandatory	Yes
		Type	String
		Format	Length 2
		Validation	Allowable values: See Appendix B for Equipment codes
	Agent Code (X2)	Description	Agent analysed
		Mandatory	Yes
		Type	String
		Format	Max length 50
		Validation	Allowable Values: See Appendix B for Agent Codes
	TWA Result (Y2)	Description	TWA result for the agent sampled
		Mandatory	A result must be entered for at least one of TWA, STEL or PEAK
		Type	Decimal
		Format	(9,4)
		Validation	
	TWA Below LOD? (Z2)	Description	Indicate if the TWA result was below LOD
		Mandatory	Yes if TWA Result was entered
		Type	String
		Format	
		Validation	Allowable values: Yes No
	STEL Result (AA2)	Description	STEL result for the agent sampled
		Mandatory	A result must be entered for at least one of TWA, STEL or PEAK
		Type	Decimal
		Format	(9,4)
		Validation	
		Description	Indicate if the STEL result was below LOD

Type	Field	Description/Detail	
	STEL Below LOD? (AB2)	Mandatory	Yes if STEL Result was entered
		Type	String
		Format	
		Validation	Allowable values: Yes No
	PEAK Result (AC2)	Description	PEAK result for the agent sampled
		Mandatory	A result must be entered for at least one of TWA, STEL or PEAK
		Type	Decimal
		Format	(9,4)
		Validation	
	PEAK Below LOD? (AD2)	Description	Indicate if the PEAK result was below LOD
		Mandatory	Yes if PEAK Result was entered
		Type	String
		Format	
		Validation	Allowable values: Yes No
	Unit of Measurement (AE2)	Description	Unit of measurement
		Mandatory	Yes
		Type	String
		Format	Max length 20
		Validation	Allowable Values: See Appendix B for Unit of measurement based on contaminant code. A conversion formula is provided in Appendix B to convert airborne solvents and gases from mg/m3 to ppm.
Declaration Questions (AF1:AJ1)	Risk Info Provided? (AF2)	Description	The worker has been provided with suitable and adequate information, training and instruction about the risks and controls associated with airborne contaminants [WHS s. 19(3) and WHS(M)R r. 39]

Type	Field	Description/Detail	
		Mandatory	Optional. Can be provided if there is an exceedance of the exposure standard
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	PPE Supplied? (AG2)	Description	Effective respiratory protective devices were supplied to the worker [WHS(M)R rr. 36 and 44(3)]
		Mandatory	Optional. Can be provided if there is an exceedance of the exposure standard
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	Fit Tested? (AH2)	Description	The worker was provided with respiratory protection devices of a suitable size and fit that are reasonably comfortable for the person to wear, and appropriate information, training and instruction [WHS(M)R rr. 44(3) and 44(4)]
		Mandatory	Optional. Can be provided if there is an exceedance of the exposure standard
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	Ongoing Program? (AI2)	Description	The worker is subject to an ongoing health monitoring program [WHS(M)R rr. 368 and 675F]
		Mandatory	Optional. Can be provided if there is an exceedance of the exposure standard
		Type	String
		Format	
		Validation	Allowable Values:

Type	Field	Description/Detail	
	HHMP? (AJ2)		Yes No
		Description	A Health Management Plan inclusive of airborne contaminants and controls, has been prepared and implemented [WHS(M)R r. 675EA]
		Mandatory	Optional. Can be provided if there is an exceedance of the exposure standard
		Type	String
		Format	
		Validation	Allowable Values: Yes No

1.3 Biological

This worksheet allows the user to record any biological samples that have been taken.

There are 21 columns that are grouped into 7 headings. These are listed below, along with the corresponding cell reference:

Type	Field	Description/Detail	
Sample (A1:B1)	Sample ID (A2)	Description	Each sample must contain a unique reference ID
		Mandatory	Yes
		Type	String
		Format	Max length 120
		Validation	An error will be displayed if the Sample ID has already been used or is duplicated in the file
	Sample Date (B2)	Description	The date the sample was taken
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	Cannot be in the future
Operation (C1)	Operation Type (C2)	Description	Type of operation activity the person sampled was involved in
		Mandatory	Yes

Type	Field	Description/Detail	
		Type	Operation
		Format	
		Validation	Allowable values: Mining Exploration *Please note: Mining should be set unless sampling is conducted on people involved with exploration drilling, in which case Exploration should be set
Company (D1:E1)	Company Code (D2)	Description	Company Code - Unique string allocated by the department to identify the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Company Code - O\d{5}
		Validation	*Please note: The format for the Company Code may lengthen in future.
	Company Name (E2)	Description	Company Name which identifies the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Max length 60
		Validation	Enter in the name of the company as it appears in SRS
Site (F1:G1)	Site Code (F2)	Description	Unique Site code allocated by the department to identify the site where sampling is carried out on.
		Mandatory	Yes if Operation is Mining
		Type	String
		Format	SG\d{7}
		Validation	*Please note: the format for the Site Code may lengthen in future.
	Site Name (G2)	Description	Name of site
		Mandatory	Yes if Operation is Mining

Type	Field	Description/Detail	
Health Management Plan (H1:J1)		Type	String
		Format	Max length 60
		Validation	Enter in the name of the site as it appears in SRS
	Current HHMP (H2)	Description	If the site has a current Health Management Plan (HMP) in SRS then enter its reference ID
		Mandatory	No
		Type	String
		Format	HHMP-nnnnnn
		Validation	
	SEG ID (I2)	Description	The Similar Exposure Group (SEG) ID related to the sampled person
		Mandatory	No
		Type	String
		Format	
		Validation	
	Investigative Capacity (J2)	Description	Indicate whether the sample was taken in an investigative capacity
		Mandatory	No
		Type	String
		Format	
		Validation	Allowable values: Yes No
Sampled Person (K1:Q1)	Surname (K2)	Description	Surname of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max length 30
		Validation	
	Given Name(s) (L2)	Description	Given Name(s) of the person sampled
		Mandatory	Yes
		Type	String

Type	Field	Description/Detail	
		Format	Max Length 30
		Validation	
	Date of Birth (M2)	Description	Date of Birth of the person sampled
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	
	Gender (N2)	Description	Gender of the person sampled
		Mandatory	Yes
		Type	String
		Format	
		Validation	Allowable Values: Female Male
	Occupation Code (O2)	Description	Occupation code of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max length 6
		Validation	Allowable Values: See Appendix B for Occupation Codes
	Location Code (P2)	Description	The location where most of the exposure occurred during sampling
		Mandatory	Yes
		Type	String
		Format	Max length 3
		Validation	Allowable Values: See Appendix B for Location codes
	Sample Timing Code (Q2)	Description	Timing of the sampled person's roster when the sample was taken eg Start of Shift
		Mandatory	Yes
		Type	String
		Format	

Type	Field	Description/Detail	
		Validation	Allowable Values: See Appendix B for Sample Timing codes
Results (R1:U1)	Agent Code (R2)	Description	Agent analysed
		Mandatory	Yes
		Type	String
		Format	Max length 50
		Validation	Allowable Values: See Appendix B for Agent Codes
	Result (S2)	Description	Result for the agent sampled
		Mandatory	Yes
		Type	Decimal
		Format	(9,4)
		Validation	
	Below LOD? (T2)	Description	Indicate if the result was below LOD
		Mandatory	Yes
		Type	String
		Format	
		Validation	Allowable values: Yes No
	Unit of Measurement (U22)	Description	Unit of measurement
		Mandatory	Yes
		Type	String
		Format	Max length 20
		Validation	Allowable Values: See Appendix B for Unit of measurement based on contaminant code

1.4 Noise

This worksheet allows the user to record any noise dosimetry samples that have been taken.

There are 33 columns that are grouped into 12 headings. These are listed below, along with the corresponding cell reference:

Type	Field	Description/Detail	
Sample (A1:B1)	Sample ID (A2)	Description	Each sample must contain a unique reference ID
		Mandatory	Yes
		Type	String
		Format	Max length 120
		Validation	An error will be displayed if the Sample ID has already been used or is duplicated in the file
	Sample Date (B2)	Description	The date the sample was taken
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	Cannot be in the future
Operation (C1)	Operation Type (C2)	Description	Type of operation activity the person sampled was involved in
		Mandatory	Yes
		Type	Operation
		Format	
		Validation	Allowable values: Mining Exploration *Please note: Mining should be set unless sampling is conducted on people involved with exploration drilling, in which case Exploration should be set
Company (D1:E1)	Company Code (D2)	Description	Company Code - Unique string allocated by the department to identify the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Company Code - O\d{5}
		Validation	*Please note: The format for the Company Code may lengthen in future.

Type	Field	Description/Detail	
	Company Name (E2)	Description	Company Name which identifies the company operating the site or, for an exploratory drilling project, the exploration company responsible.
		Mandatory	Yes
		Type	String
		Format	Max length 60
		Validation	Enter in the name of the company as it appears in SRS
Site (F1:G1)	Site Code (F2)	Description	Unique Site code allocated by the department to identify the site where sampling is carried out on.
		Mandatory	Yes if Operation is Mining
		Type	String
		Format	SG\d{7}
		Validation	*Please note: the format for the Site Code may lengthen in future.
	Site Name (G2)	Description	Name of site
		Mandatory	Yes if Operation is Mining
		Type	String
		Format	Max length 60
		Validation	Enter in the name of the site as it appears in SRS
Health Management Plan (H1:J1)	Current HHMP (H2)	Description	If the site has a current Health Management Plan (HMP) in SRS then enter its reference ID
		Mandatory	No
		Type	String
		Format	HHMP-nnnnnn
		Validation	
	SEG ID (I2)	Description	The Similar Exposure Group (SEG) ID related to the sampled person
		Mandatory	No
		Type	String
		Format	
		Validation	

Type	Field	Description/Detail	
	Investigative Capacity (J2)	Description	Indicate whether the sample was taken in an investigative capacity
		Mandatory	No
		Type	String
		Format	
		Validation	Allowable values: Yes No
Sampled Person (K1:P1)	Surname (K2)	Description	Surname of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max length 30
		Validation	
	Given Name(s) (L2)	Description	Given Name(s) of the person sampled
		Mandatory	Yes
		Type	String
		Format	Max Length 30
		Validation	
	Date of Birth (M2)	Description	Date of Birth of the person sampled
		Mandatory	Yes
		Type	Date
		Format	dd/mm/yyyy
		Validation	
	Gender (N2)	Description	Gender of the person sampled
		Mandatory	Yes
		Type	String
		Format	
		Validation	Allowable Values: Female Male
	Occupation Code	Description	Occupation code of the person sampled

Type	Field	Description/Detail	
	(O2)	Mandatory	Yes
		Type	String
		Format	Max length 6
		Validation	Allowable Values: See Appendix B for Occupation Codes
	Location Code (P2)	Description	The location where most of the exposure occurred during sampling
		Mandatory	Yes
		Type	String
		Format	Max length 3
		Validation	Allowable Values: See Appendix B for Location codes
Shift Length (Q1)	Shift Length (Q2)	Description	Shift length of the person sampled – hours and minutes as decimal eg 7.5 for and seven and a half hour shift
		Mandatory	Yes
		Type	Decimal
		Format	(4,2)
		Validation	
Shift Pattern (R1:S1)	Days On (R2)	Description	Number of days on in the shift pattern of the person sampled
		Mandatory	Yes
		Type	Int
		Format	
		Validation	
	Days Off (S2)	Description	Number of days off in the shift pattern of the person sampled
		Mandatory	Yes
		Type	Int
		Format	
		Validation	
Sample Collected By	Registration Number	Description	Unique Id assigned to an approved Noise Officer by the department

Type	Field	Description/Detail	
(T1:V1)	(T2)	Mandatory	Yes
		Type	String
		Format	Max length 30
		Validation	Registration is current at sampling date
	Noise Officer's Surname (U2)	Description	Surname of the Noise Officer
		Mandatory	Yes
		Type	String
		Format	Max Length 30
		Validation	
	Noise Officer's Given Name(s) (V2)	Description	Given name of the Noise Officer
		Mandatory	Yes
		Type	String
		Format	Max Length 30
		Validation	
Results (W1:X1)	LAeq,8h dB(A) (W2)	Description	LAeq,8h result
		Mandatory	Yes
		Type	Decimal
		Format	(9,2)
		Validation	
	Lpeak dB(C) (X2)	Description	Lpeak result
		Mandatory	Yes
		Type	Decimal
		Format	(9,2)
		Validation	
Personal Protective Equipment (PPE) (Y1:AB:1)	PPE Type (Y2)	Description	Type of personal protective equipment worn
		Mandatory	Yes
		Type	String
		Format	
		Validation	Allowable Values: See Appendix B for PPE Type Codes

Type	Field	Description/Detail	
	PPE Type (Other) (Z2)	Description	The type of PPE worn that is not specified in the list of supplied values
		Mandatory	Mandatory if PPE Type = OTHER
		Type	String
		Format	Max length 50
		Validation	
	PPE Class (AA2)	Description	The class rating of the PPE
		Mandatory	Yes
		Type	Int
		Format	
		Validation	Allowable Values: See Appendix B for PPE Class Rating Codes
	Expected Attenuation (AB2)	Description	Expected Attenuation based on the PPE worn
		Mandatory	Yes
		Type	Decimal
		Format	(9,2)
		Validation	
Declaration Questions (AC1:AG1)	Risk Info Provided? (AC2)	Description	The worker has been provided with suitable and adequate information, training and instruction about the risks and controls associated with noise hazards [WHS s. 19(3) and WHS(M)R r. 39]
		Mandatory	Optional. Can be provided if there is an exceedance of the action level
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	PPE Supplied? (AD2)	Description	Effective hearing protective devices were supplied to the worker [WHS(M)R rr. 36 and 44(3)]
		Mandatory	Optional. Can be provided if there is an exceedance of the action level
		Type	String

Type	Field	Description/Detail	
		Format	
		Validation	Allowable Values: Yes No
	Fit Tested? (AE2)	Description	The worker was provided with hearing protection devices of a suitable size and fit that are reasonably comfortable for the person to wear, and appropriate information, training and instruction [WHS(M)R rr. 44(3) and 44(4)]
		Mandatory	Optional. Can be provided if there is an exceedance of the action level
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	Ongoing Program? (AF2)	Description	The worker has had a baseline audiometric (hearing) test (within 3 months of commencing) and is subject to an ongoing (every 2 years) hearing testing program [WHS(M)R r. 58(2)]
		Mandatory	Optional. Can be provided if there is an exceedance of the action level
		Type	String
		Format	
		Validation	Allowable Values: Yes No
	Noise Report and Noise Control Plan? (AG2)	Description	A Health Management Plan that includes noise hazards and controls has been prepared and implemented [WHS(M)R r. 675EA] and a report has been prepared by the appointed Noise Officer detailing the plans to reduce the exposure to noise [WHS(M)R schedule 26(2)(2)]
		Mandatory	Optional. Can be provided if there is an exceedance of the action level
		Type	String
		Format	

Type	Field	Description/Detail	
		Validation	Allowable Values: Yes No

ii. **Appendix B - Reference codes required for XML and Excel files**

All codes can be found in the following document: [Safety Regulation \(SRS\) health and hygiene code index.](#)

Alternatively, there is an Excel spreadsheet, SRS - Health and Hygiene Codes.xlsx, which is located in the directory **03 - Reference Data**.

iii. **Appendix C - Preparing an XML file for upload**

Refer to the guide: **03 - Preparing an XML file for upload.pdf**.

iv. **Appendix D - Accessing and uploading data into SRS**

Refer to the guide: **01 - Accessing and uploading data into SRS.pdf**.