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| **WorkSafe Health Monitoring Form** **Notification: ISOCYANATES** |

**CONFIDENTIAL** [ ]  **MINING** [ ]  **GENERAL**

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| **1. EMPLOYER DETAILS** (also called a Person Conducting a Business or Undertaking – PCBU) |
| Company / Organisation name:       |
| Address:       | Tel:       |
| Contact name:       | Email:       |
| **2. LABOUR HIRE / CONTRACTOR DETAILS** (if applicable) |
| Company / Organisation name:       |
| Address:       | Tel:       |
| Contact name:       | Email:       |
| **3. WORKER DETAILS (X) all relevant boxes** |
| Family name:       | Given names:       |
| Date of birth:       | [ ]  Male [ ]  Female |
| Country of birth:       |
| Address:       |
| Mobile:       | Email:       |
| GP details: Dr Name:       Tel:      Medical Practice:      Address:       |
| Job:       Date started:       |
| Working in mining or on a mine site [ ]  Yes [ ]  No |
| Yes, name of mine site:       Name of mining company:       |

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| **4. EMPLOYMENT IN WORK WITH ISOCYANATES** **(X) all relevant boxes** |
| [ ]  New isocyanates work [ ]  Not directly working with isocyanates |
| [ ]  Current employee continuing in such work[ ]  Worked in isocyanates since:       (mm/yyyy) [ ]  With current employer since:       (mm/yyyy)  |
| [ ]  Name of previous workplace / company (if applicable) and when      /      (yyyy/yyyy) |
| **Isocyanates history**[ ]  Automotive smash repairs / Motor body builders [ ]  Other use of 2-pack paints or coatings [ ]  Boat body & repairers [ ]  Manufacture / Supply of 2-pack paints/coating[ ]  Floor sanding / sealing [ ]  Processes involving heating of polyurethane products[ ]  Polyurethane foam manufacture [ ]  Other (please specify):      [ ]  Spray painting workshop |
| **5. PERSONAL CONTROLS** **(X) all relevant boxes** |
| Clean shaven: [ ]  Yes [ ]  No | Clean hands with thinner: [ ]  Yes [ ]  No |
| Shower and change into clean clothes at end of shift: [ ]  Yes [ ]  No |
| Trained in isocyanates processes and procedures: [ ]  Yes [ ]  No |
| **6. WORKPLACE CONTROLS** |
| Wear gloves: [ ]  Yes [ ]  No | Mechanically ventilated mixing / [ ]  Yes [ ]  Nocuring area |
| Eye protection: [ ]  Yes [ ]  No | Spray booth: [ ]  Yes [ ]  No |
| Air line respirator: [ ]  Yes [ ]  No | Air quality tested [ ]  Yes [ ]  No(for air line respirators): |
| Other respirator (specify type):       | Local exhaust ventilation: [ ]  Yes [ ]  No |
| **7. QUESTIONAIRE – RESPIRATORY & SENSITISATION (X) all relevant boxes** |
| 1. Current smoker: [ ]  Ex smoker: [ ]  Never smoked: [ ]

Aged started       years Stopped       years Amount       per day1. Any asthma? [ ]  Yes [ ]  No [ ]  only in childhood

Any skin rash, eczema or dermatitis? [ ]  Yes [ ]  No [ ]  only in childhoodFrequent itchy eyes / skin, watery eyes, runny / blocked nose? [ ]  Yes [ ]  No Any wheeze, chest tightness or shortness of breath? [ ]  Yes [ ]  No  If **Yes**, are you better on weekends or when on holidays? [ ]  Yes [ ]  No 1. If **Yes** to any of the above give brief description:

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| **8. LUNG FUNCTION TESTS**  **Registered medical practitioner to complete and (X) all relevant boxes**  **Attach spirometry printouts, graphs, report.**  |
| 1. **SPIROMETRY**
2. **Attach printouts with 3 valid tests (which meet ATS “satisfactory blow” criteria) and the corresponding flow-volume graphs.**
3. **If submitting pre and post-bronchodilator spirometry, please clearly mark the print-outs.**
4. **Enter best test values below:**
 |
| Enter Best Readings | Date | FEV1 | FVC | FEV1 / FVC (%) | **Comment:** |
| Current test |       |       |       |       | [ ]  Normal [ ]  Abnormal |
| % Predicted |  |       |       |  | [ ]  Obstructive [ ]  Restrictive |
| Baseline |       |       |       |       | [ ]  Mixed Obstructive / Restrictive  |
| % Predicted |  |       |       |  |  |
| **Comments** (examining doctor) |
| 1. **LABORATORY LUNG FUNCTION TEST (including DLCO)**

Attach report**Comments:**       |
| **9. DISCRETIONARY TESTING: BIOLOGICAL MONITORING RESULTS (Urine Isocyanate Levels)**  |
|  | **Date** | **Results** | **Recommended Action and/or Comment** |
| 1. |      /     /      |       |       |
| 2. |      /     /      |       |       |
| 3. |      /     /      |       |       |
| 4. |      /     /      |       |       |
| **10. RESPIRATORY ASSESSMENT (taking into account all of the above)** |
| [ ]  Satisfactory [ ]  Abnormal (please describe)Comment:       |
| **11. DERMATOLOGICAL ASSESSMENT (X) all relevant boxes** |
| [ ]  Satisfactory [ ]  Abnormal (please describe)Comment:       |

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| **12. RISK ASSESSMENT – Registered medical practitioner to complete (X) all relevant boxes** |
| 1. [ ]  New to isocyanate work
2. [ ]  New employee but with previous exposure to isocyanates
3. [ ]  Current employee continuing in isocyanates
4. Satisfactory personal hygiene [ ]  Yes [ ]  No
5. Satisfactory workplace controls [ ]  Yes [ ]  No
6. Clinical picture indicative of adverse health effects from isocyanate exposure

 [ ]  Yes [ ]  No [ ]  MaybeComment:       |
| **13. RECOMMENDATIONS – Registered medical practitioner to complete (X) all relevant boxes** |
| 1. [ ]  Fit for work with isocyanates **Next review date:**
2. [ ]  Unfit for work with isocyanates
3. Actions and recommendations

 [ ]  Review / repeat lung function test in       months / weeks [ ]  Counselled employee [ ]  Informed employee to review and implement controls in workplace [ ]  Remove from exposure to isocyanates  [ ]  Referral to medical specialist        Appointment date:       [ ]  Occupational Physician [ ]  Respiratory Physician [ ]  Physician (specify)Comment:       |
| **Registered Medical Practitioner – responsible for supervising health monitoring** |
| Name:       | Signature:       | Date:      /     /      |
| Medical Practice address:       |
| Email:       |
| AHPRA registration number:       |
| [ ]  Discussed with WorkSafe Occupational Physician (where required only) on:      /     /      |
| **Instructions for submission to DMIRS** |
| Check all sections of the form have been completedAttach relevant reports (spirometry, pathology, radiology, medical specialist)Submit via:* Email to safety@dmirs.wa.gov.au or
* Send to Occupational Physician, WorkSafe, Locked Bag 100, EAST PERTH WA 6892
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To contact WorkSafe Occupational Physician or Occupation Health Nurse, call 1300 307 877