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

**CONFIDENTIAL [ ]  MINING [ ]  GENERAL**

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| 1. EMPLOYER DETAILS (Principal) |
| 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 |
| Job:       | Country of birth:       |
| Address:       |  |
| Mobile:       | Email:      |
| Female of reproductive capacity: [ ]  Yes [ ]  No Breastfeeding: [ ]  Yes [ ]  No  |
| GP Name:       Tel:      Medical Practice Name:      Address :      Email:      |
| Working in mining or at a mining site [ ]  Yes [ ]  No  |
| If yes, name of mine site:        | Name of mining company:       |
| 4. EMPLOYMENT IN LEAD-RISK WORK (X) all relevant boxes  |
| *New to lead work* [ ]  Yes[ ]  No *[ ]  Not directly working with lead* *[ ]  Worked with lead since       (mm/yyyy) With current employer since       (mm/yyyy)*  |
| *Lead-risk Work* ***(✓) all relevant boxes*** |
| [ ]  Fire Assay [ ]  Foundry [ ]  Lead battery - maintenance[ ]  Lead burning[ ]  Lead flux - manufacture | [ ]  Leadlight work[ ]  Lead paint – manufacture[ ]  Lead paint - painting [ ]  Lead paint - stripping/cleaning [ ]  Lead sinker - manufacture | [ ]  Metal Recycling [ ]  Monumental work [ ]  Radiator Repair[ ]  Shooting gallery [ ]  Other (specify) :        |
| 5. PERSONAL HYGIENE (X) all relevant boxes  |
|  [ ]  Smoker [ ]  Ex- Smoker [ ]  Non-Smoker |  Clean shaven[ ]  Yes[ ]  No |
| Shower & change into clean clothes at end of shift [ ]  Yes [ ]  No  |
| Hazardous substances training (including health effects) **[ ]  Yes [ ]  No**   |

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| 6. WORKPLACE CONTROLS (X) all relevant boxes  |
| Wear gloves [ ]  Yes [ ]  No  | Laundering by employer [ ]  Yes [ ]  No  |
| Local exhaust ventilation [ ]  Yes [ ]  No | Smoking / eating/ drinking in workshop [ ]  Yes [ ]  No  |
| Overalls/ Work Clothing [ ]  Yes [ ]  No | Dry Sweeping [ ]  Yes [ ]  No  |
| Wash basin / shower (hot/cold) [ ]  Yes [ ]  No | Compressed air to clean equipment [ ]  Yes [ ]  No |
| Comments:  |
| 7. BIOLOGICAL MONITORING RESULTS (Registered medical practitioner to complete)Include previous two test results (if available) and attach copy of pathology laboratory results |
|  | Date | Blood Lead Level (μg/dL) |  |
| 1. |      /     /      |       | Insert baseline or last known result in (1) and date |
| 2. |      /     /      |       | Office use only:WISE ID:TEST NO: |
| 3. |      /     /      |       |
| 8. RISK ASSESSMENT (Registered medical practitioner to complete) Indicate (X) |
| 1. [ ]  New to lead work.

1. [ ]  New employee but with previous exposure to lead.

1. [ ]  Current employee continuing in lead work.
2. Satisfactory personal hygiene  [ ]  Yes  [ ]  No
3. Satisfactory workplace controls  [ ]  Yes  [ ]  No
4. Clinical picture indicative of adverse health effects from lead

[ ]  Yes [ ]  No [ ]  Maybe  |
| Comments:  |
| 9. RECOMMENDATIONS (Registered medical practitioner to complete) Indicate (X) |
| 1. [ ]  Suitable to work with lead

[ ]  Review / Repeat blood lead level in            months/ weeks.1. [ ]  Remove from lead work

[ ]  Counselled employee[ ]  Informed employer to review and implement controls in workplace.[ ]  Medical examination within 7 days on           [ ]  Review / Repeat test in            months/ weeks.[ ]  Referral to medical specialist                 Appointment date       [ ]  Occupational Physician [ ]  Physician (specify)3. [ ]  Suitable to resume lead work after removal **Next review date:**  |
| Comments:  |

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| **10. Registered Medical Practioner (responsible for supervising health monitoring)** |
| Name:  | Signature:       | Date:      /     /      |
| Tel:  | Fax:  | Contact Person:  |
| Medical Practice Address:  |
| Email:  |
| AHPRA registration number:       |
| **Instructions for submissions 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 the WorkSafe Occupational Physician or Occupational Health Nurse, call 1300 307 877

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