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| **WorkSafe Health Monitoring Form**  **Notification: MOCA (4,4’-methylene bis (2 chloroaniline))** |

**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: | | | | |
| **4. WORKING WITH MOCA** **(X) all relevant boxes** | | | | |
| New to MOCA work Worked with MOCA since      /      (mm/yyyy)  Not new to MOCA work With current employer since      /      (mm/yyyy)  Immediate previous employer (MOCA work)       for       years | | | | |
| **MOCA industry (X) all relevant boxes**  Polyurethane production  Other (specify) | | | | |
| **5. WORK ENVIRONMENT ASSESSMENT (X) all relevant boxes** | | | | |
| **Controls:**  Wear gloves:  Yes  No | | | Overalls / work clothing:  Yes  No | |
| Respiratory use:  Yes  No | | | Laundering by employee:  Yes  No | |
| Process enclosed  Yes  No | | | Wash basins & showers  Yes  No  (hot & cold water) | |
| Worker isolated from process  Yes  No | | | Smoking or eating in workshop  Yes  No | |
| Local exhaust ventilation  Yes  No | | | Dry sweeping  Yes  No | |
| Shower & change of clean clothes at end of shift  Yes  No | | | | |
| **Personal hygiene**  Smoker  Ex-smoker  Non-smoker  Clean shaven  Yes  No | | | | |
| **6. RISK ASSESSMENT (to be completed by registered medical practitioner) (X) all relevant boxes** | | | | |
| Satisfactory Controls  Yes  No  Not known  Satisfactory Personal Hygiene  Yes  No | | | | |
| **7. BIOLOGICAL MONITORING RESULTS (Registered medical practitioner to complete)**  Include at least the previous two test results and attach copy of pathology laboratory results | | | | |
|  | **Date** | | **Urinary levels**  (umol MOCA/mol creatinine) |  |
| 1. | /     / | |  | Insert baseline or last known result in (1) and date |
| 2. | /     / | |  | Office use only:  WISE ID:  TEST NO: |
| 3. | /     / | |  |
| 4. | /     / | |  |
| **8. ACTIONS (to be completed by registered medical practitioner) (X) all relevant boxes** | | | | |
| Counselled employee  Informed employer to review and implement controls in the workplace | | | | |

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| **9. RECOMMENDATIONS (to be completed by registered medical practitioner) (X) all relevant boxes** | | |
| Suitable for MOCA work  Repeat urine MOCA test and questionnaire in       weeks / months | | |
| Removal from exposure MOCA work  Medical examination by Medical Practitioner       on      /     /  Fit to resume work with MOCA from      /     /  Referral for further tests (specify)  Referral to Medical Specialist (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 completed  Attach relevant reports (spirometry, pathology, radiology, medical specialist)  Submit via:   * Email to [safety@dmirs.wa.gov.au](mailto:safety@dmirs.wa.gov.au) or * Send to Occupational Physician, WorkSafe, Locked Bag 100, EAST PERTH WA 6892 | | |

To contact WorkSafe Occupational Physician or Occupation Health Nurse, call 1300 307 877