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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 knownSatisfactory 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 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