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| **WorkSafe Health Monitoring Form** **Notification: OTHER****HAZARDOUS SUBSTANCE:**       |

**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 HAZARDOUS SUBSTANCE** **(X) all relevant boxes** |
| [ ]  New to hazardous substance work [ ]  Not directly working with hazardous substance |
| [ ]  Current employee continuing in hazardous substance work[ ]  Worked in hazardous substances since:       (mm/yyyy) [ ]  With current employer since:       (mm/yyyy)  |
| [ ]  Details of prior work with hazardous substance Date last worked: Employer details: from      /      (mm/yyyy) to      /      (mm/yyyy) Employer details: from      /      (mm/yyyy) to      /      (mm/yyyy) |
| Work industry:      Work activity / task (describe):       |
| **5. WORK ENVIRONMENT ASSESSMENT** **(X) all relevant boxes** |
| [ ]  Smoker [ ]  Ex- smoker [ ]  Non-smoker |
| Clean shaven: [ ]  Yes [ ]  No |
| Shower and change into clean clothes at end of shift: [ ]  Yes [ ]  No |
| Trained in hazardous substances processes and procedures: [ ]  Yes [ ]  No |
| Wear gloves: [ ]  Yes [ ]  No | Laundering by employee: [ ]  Yes [ ]  No |
| Respiratory use: [ ]  Yes [ ]  No | Wash basins and showers: [ ]  Yes [ ]  No |
| Local exhaust ventilation: [ ]  Yes [ ]  No | Smoking or eating in workshop: [ ]  Yes [ ]  No |
| Overalls / work clothing: [ ]  Yes [ ]  No | Dry sweeping: [ ]  Yes [ ]  No |
| Comments:       |

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| **6. 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:**       |
| **7. BIOLOGICAL MONITORING RESULTS (Registered medical practitioner to complete)** Include at least the previous two test results (if available)  |
| **Type of test and units** | [ ]  **Arsenic** [ ]  **Cadmium** [ ]  **Thallium** [ ]  **Styrene**[ ]  **Mercury** [ ]  **Benzene** [ ]  **Other** |
|  | **Date** | **Results** | **Recommended Action and/or Comment** |
| 1. |      /     /      |       |       |
| 2. |      /     /      |       |       |
| 3. |      /     /      |       |       |
| * **Note: Refer to Health Monitoring Guidance – Summary Table**
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| **8. RISK ASSESSMENT – Registered medical practitioner to complete (X) all relevant boxes** |
| [ ]  New to hazardous substance work[ ]  New employee but with previous exposure to hazardous substances [ ]  Current employee continuing in hazardous substances workSatisfactory personal hygiene [ ]  Yes [ ]  NoSatisfactory workplace controls [ ]  Yes [ ]  NoClinical picture indicative of adverse health effects from hazardous substance exposure [ ]  Yes [ ]  No [ ]  MaybeComment:       |
| **9. RECOMMENDATIONS – Registered medical practitioner to complete (X) all relevant boxes** |
| [ ]  Suitable for work with hazardous substances  [ ]  Review / repeat lung function test in      /       (months / weeks) [ ]  Review / repeat test in      /       (months / weeks)[ ]  Not suitable for work with hazardous substances [ ]  Remove from exposure to hazardous substances[ ]  Counselled employee[ ]  Informed employee to review and implement controls in workplace[ ]  Medical examination within 7 days on      /      /      Refer to medical specialist: Appointment date:       [ ]  Occupational Physician [ ]  Respiratory Physician [ ]  Physician (specify)[ ]  Suitable to resume hazardous substance workNext review date:      /      /      **Comments:**       |
|  **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