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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 work  Satisfactory personal hygiene  Yes  No  Satisfactory workplace controls  Yes  No  Clinical picture indicative of adverse health effects from hazardous substance exposure  Yes  No  Maybe  Comment: | | |
| **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 work  Next 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 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