

NOTIFICATION OF A WORKER REMOVED FROM LEAD RISK WORK

NRW

This form is to be used to notify SafeWork NSW (the Regulator) of the removal of a worker from lead risk work as required by the WHS Regulation.

The person conducting the business or undertaking (PCBU) must notify the Regulator as soon as practicable when a worker is removed from lead risk work.

How to fill in this form

Please refer to the *Guide for applicants for lead notifications* (catalogue no. SW08112) available at www.safework.nsw.gov.au before completing this notification.

Please type directly into the form. When complete, save a copy before emailing or printing.

If completing by hand, please print clearly and mark box(es) with a tick where required.

For assistance call 13 10 50

Fees

There is no fee associated with this form.

Lodgement instructions

Email (preferred):

sssg.notifications@safework.nsw.gov.au

Post: Customer Experience, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

Email or post the application – do not send more than once.

Privacy compliance statement

This information is collected by SafeWork NSW (the Regulator) for the purposes of undertaking an evaluation, assessment and processing of a notification of a worker removed from lead risk work under the WHS Regulation.

This information may also be used by the Regulator for the purposes of confirming applicant details, to establish and maintain a database and to assist the Regulator and its inspectorate with its work generally. It may also be provided to other state, territory and the Commonwealth regulatory authorities.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual.

You may also apply to the Regulator to access and correct any information about yourself if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, SafeWork NSW, Locked Bag 2906, Lisarow, NSW 2252.

SECTION 1. APPLICANT DETAILS

SECTION 1.1 DETAILS OF INDIVIDUAL PCBU OR CONTACT PERSON FOR BODY CORPORATE PCBU

Title	Date of birth (DD/MM/YYYY)
Family/Surname	Daytime contact number
Given name	Mobile number
Position title	Email

Section 1 continued over...

SECTION 1.2 BODY CORPORATE DETAILS

Registered name

Registered business (trading) name (if applicable)

ABN (for Australian businesses only)

SECTION 1.3 INDIVIDUAL OR REGISTERED BUSINESS ADDRESS OF A BODY CORPORATE**STREET ADDRESS (MUST NOT BE PO BOX)**Unit number/Street number/Property number
(include Lot or DP number if applicable)**POSTAL ADDRESS**

Same as street address

Unit number/Street number/Property number
(include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name

Street name

Suburb

Suburb

State

Postcode

State

Postcode

SECTION 2. NOTIFICATION OF LEAD RISK WORK

Was SafeWork NSW notified of the lead risk work?

Date (DD/MM/YYYY)

Yes. Provide date on which the notification was made

Please go to section 8.

No. Please go to section 3.

SECTION 3. LOCATION OF LEAD RISK WORK

Is the location of lead risk work the same as the address of the PCBU?

Yes. Please go to section 4.

No. Provide the location of the lead risk work.

STREET ADDRESS (MUST NOT BE PO BOX)Unit number/Street number/Property number
(include Lot or DP number if applicable)

Date of proposed

commencement
of work (DD/MM/YYYY)

Date of proposed

completion
of work (DD/MM/YYYY)

Street name

Completion date is only required if the work is short term for example abrasive blasting of lead paint from a structure.

Suburb

Please go to section 4.

State

Postcode

SECTION 4. RISK CONTROL MEASURES

Provide a description of the risk of control measures to minimise worker exposure.

Please go to section 5.

SECTION 5. BLOOD TEST RESULTS

For each worker provide results of their last blood test and the date (DD/MM/YYYY) on which they were tested.

Please go to section 6.

SECTION 6. DESCRIPTION OF LEAD RISK WORK

Select one or more of the following.

Work that exposes a person to lead dust or lead fumes arising from the manufacture or handling of dry lead compounds.

Work in connection with the manufacture, assembly, handling or repair of, or parts of, batteries containing lead that involves the manipulation of dry lead compounds, or pasting or casting lead.

Breaking up or dismantling batteries containing lead, or sorting, packing and handling plates or other parts containing lead that are removed or recovered from the batteries.

Spraying molten lead metal or alloys containing more than five per cent by weight of lead metal.

Melting or casting lead alloys containing more than five per cent by weight of lead metal in which the temperature of the molten material exceeds 450°C.

Recovering lead from its ores, oxides or other compounds by thermal reduction process.

Dry machine grinding, discing, buffing or cutting by power tools alloys containing more than five per cent by weight of lead metal.

Machine sanding or buffing surfaces coated with paint containing more than one per cent by dry weight of lead.

A process by which electric arc, oxyacetylene, oxy gas, plasma arc or a flame is applied for welding, cutting or cleaning, to the surface or metal coated with lead or paint containing more than one per cent by dry weight of lead metal.

Radiator repairs that may cause exposure to lead dust or lead fumes.

Fire assays if lead, lead compounds or lead alloys are used.

Hand grinding and finishing lead or alloys containing more than 50 per cent by dry weight of lead.

Spray painting with lead paint containing more than one per cent by dry weight of lead.

Melting lead metal or alloys containing more than 50 per cent by weight of lead metal in the exposed surface area of the molten material exceeds 0.1 square metre and the temperature of the molten material does not exceed 450°C.

Using a power tool, including abrasive blasting and high pressure water jets, to remove a surface coated with paint containing more than one per cent by dry weight of lead and handling waste containing lead resulting from the removal.

A process that exposes a person to lead dust or lead fumes arising from manufacturing or testing detonators or other explosives that contain lead.

A process that exposes a person to lead dust or lead fumes arising from firing weapons at an indoor firing range.

A foundry process involving melting or casting lead alloys containing more than one per cent by weight of lead in which the temperature of the molten material exceeds 450°C.

A foundry process involving dry machine grinding, discing, buffing or cutting by power tools lead alloys containing more than one per cent by weight of lead metal.

A process decided by SafeWork NSW to be a lead process under clause 393 of the WHS Regulation.

SECTION 7. DETAILS OF REGISTERED MEDICAL PRACTITIONER

Title	ADDRESS OF MEDICAL PRACTICE	
	Unit number/Street number/Property number (include Lot or DP number if applicable)	
Family/Surname	Street name	
Given name	Suburb	
Position title	State	Postcode
Daytime contact number		

SECTION 8. REASON FOR THE REMOVAL OF THE WORKER

The PCBU is required to send a copy of the health monitoring report to SafeWork NSW when a worker has been removed from lead risk work due to increased blood lead levels. Clause 413(a). Select one of the following.

Removal due to increase blood lead levels. Please provide:

Worker blood lead level results	Age of the worker	Sex of the worker
		Male Female

I have submitted a copy of the health monitoring report.

Registered medical practitioner recommended the worker be removed from the lead risk work. Please provide a brief description of the reason.

Failure of a risk control measure. Provide a description of the failure and the new risk control measure.

SECTION 9. APPLICANT'S DECLARATION

I, _____ (print name)
hereby declare:

- I have authority from the body corporate to complete and submit this application (body corporate applicants)
- the information in this application is true and correct to the best of my knowledge
- I consent to SafeWork NSW making enquiries and exchanging information with work health and safety regulators in other states, territories and/or the Commonwealth regarding any matter relevant to this application.

Applicant's signature

Date (DD/MM/YYYY)