

NOTIFICATION OF ADVERSE HEALTH MONITORING REPORT

SEPTEMBER 2021

This form is used by a Business/Person Conducting a Business or Undertaking (PCBU) to notify SafeWork NSW when a worker's health monitoring report contains:

- test results that indicate that the worker may have contracted a disease, injury or illness as a result of carrying out work, including using, handling, generating or storing hazardous chemicals that triggered the requirements for health monitoring, or
- any recommendation that the PCBU take remedial measures, including whether the worker can continue to carry out work that triggered the requirement for health monitoring.

Where a worker carrying out lead risk work has been removed from lead risk work due to elevated blood lead levels, the health monitoring report is submitted to the Regulator with the *Notification of a worker removed from lead risk work form* (catalogue no. SW08128). Refer to the *Guide for applicants for lead notifications* (catalogue no. SW08112).

How to fill in this form

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):

chemicals@safework.nsw.gov.au

Post: Chemicals Team, 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 adverse health monitoring report under the WHS Regulation.

This information may also be used by the Regulator for the purposes of confirming applicant details, to establish and maintain an external database and to assist the Regulator and its inspectorate with their 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apply to the Regulator to access and correct any information about yourself if inaccurate, incomplete, not relevant or out of date.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. WORKER'S DETAILS

Title Family/Surname Date of birth (DD/MM/YYYY)

Given name Daytime contact number Mobile number

Other names Email

Work Industry Job/Profession

Contaminant of concern

SECTION 2. NOTIFIER DETAILS

SECTION 2.1 BUSINESS/PCBU CONTACT PERSON

Title Family/Surname Daytime contact number Mobile number

Given name Email

Other names

SECTION 2.2 BUSINESS/PCBU DETAILS

Registered name Registered business (trading) name (if applicable)

ABN

STREET ADDRESS (MUST NOT BE A PO BOX)

Unit number/Street number/Property number
(include Lot or DP number if applicable)

Street name

Suburb

State Postcode

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

Suburb

State Postcode

SECTION 3. REASON FOR ADVERSE HEALTH RESULTS

As described in the health monitoring report. Mark one box only.

Test results indicate that the worker may have contracted a disease, injury or illness as a result of carrying out the work, including using, handling, generating or storing hazardous chemicals that triggered the requirements for health monitoring.

Any recommendation that the Business/PCBU take remedial measures, including whether the worker can continue to carry out the work that triggered the requirement for health monitoring.

SECTION 4. HEALTH MONITORING REPORT

A copy of the health monitoring report must be provided to SafeWork NSW as soon as practicable after the Business/PCBU obtains the report.

A copy of the health monitoring report is attached.

SECTION 5. DECLARATION

I, _____ (print name)

hereby declare:

- The information in this notification is true and correct to the best of my knowledge.
- I am 18 years of age or older.
- 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 notification.

Notifier's signature

Date (DD/MM/YYYY)

It is an offence under the *Crimes Act 1900* and section 268 of the WHS Act to make a false or misleading statement in the form, heavy penalties apply.