**February 2021**

## About this form

Use this form to notify the NSW Resources Regulator of lead risk work under the Work Health and Safety Regulation 2017 at a workplace that is a mine or petroleum site.

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| **Who must notify the NSW Resources Regulator?** | **When is notification required?** |
| The person conducting the business or undertaking (PCBU) at a workplace where lead risk work is being undertaken. (This includes operators of mines or petroleum sites, contractors or any other business or undertakings at a mine or petroleum site). | Notification is required to be made within seven days of the PCBU determining that the work is lead risk work or if the PCBU is unable to determine that the work is lead risk work. |
| An emergency service organisation in relation to lead risk work carried out by an emergency service worker who is rescuing a person or providing first aid to a person. | The emergency service organisation must give notice as soon as practicable after determining that the work is lead risk work. |

Please refer to the *Lead notifications for mines and petroleum sites* guide available on the Resources Regulator website before completing this form.

# Form

## Notification type

Is this a:

New notification?

Change to information in notification?

## Details of PCBU or emergency service organisation

|  |  |
| --- | --- |
| Name of person conducting a business or undertaking at a mine or petroleum; or  Name of emergency service organisation (if applicable) |  |
| ACN if a company or ABN |  |
| Name of mine or petroleum site operator (if different) |  |
| Name of mine or petroleum site |  |
| Location of mine or petroleum site |  |
| Work area where lead risk work is occurring |  |
| Postal address |  |
| Telephone |  |

## Location of lead risk work

Is the location of lead risk work the same as the mine or petroleum site provided above?

No. If the lead risk work is not at a mine or petroleum site, notify SafeWork NSW using the form available on the [SafeWork NSW](http://www.safework.nsw.gov.au/__data/assets/pdf_file/0004/49756/Notification-of-lead-risk-work-form-3631.pdf) website.

Yes

Provide further details of location of lead risk work (for example, laboratory, treatment plant, underground work area etc). If space is insufficient, attach additional information to this notification.

|  |  |
| --- | --- |
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## Details of lead risk work

|  |  |
| --- | --- |
| Date of proposed commencement of the lead risk work | (DD/MM/YYYY) |
| Date of proposed completion date for the lead risk work | (DD/MM/YYYY) |

(Note: Completion date is only required if the work is short term e.g. abrasive blasting of lead paint from a structure).

Describe the kind of lead process being carried out that includes the lead risk work (select one or more)

|  |  |
| --- | --- |
|  | 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 5% by weight of lead metal. |
|  | Melting or casting lead alloys containing more than 5% 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 5% by weight of lead metal. |
|  | Machine sanding or buffing surfaces coated with paint containing more than 1% 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 1% 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% by dry weight of lead. |
|  | Spray painting with lead paint containing more than 1% by dry weight of lead. |
|  | Melting lead metal or alloys containing more than 50% by weight of lead metal if 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 1% 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 foundry process involving melting or casting lead alloys containing more than 1% 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 1% by weight of lead metal. |
|  | A process decided to be a lead process by the regulator under clause 393 of the WHS Regulation. |
|  | Other – please describe the lead risk work. (If space is insufficient, attach additional information to this notification.) |

## Risk control measures

|  |  |
| --- | --- |
| Provide a description of the risk control measures to minimise worker exposure. If space is insufficient, attach additional information to this notification. |  |

## Blood test results

For each worker provide results of their initial (or most recent) blood test results and the date (DD/MM/YYYY) on which they were tested. If space is insufficient, attach additional information to this notification.

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|  |

## Declaration

I declare that:

* I have authority from the person conducting a business or undertaking to complete and submit this notification on their behalf;
* to the best of my knowledge, the information provided in this notification and any attachment to this notification, is true and correct in every detail; and
* I consent to the regulator making enquiries and exchanging information with other work health and safety regulators in this or other states, other territories and/or the Commonwealth regarding any matter relevant to this notification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of authorised person |  | | | |
| Signature |  | Date | |  |
| Position/title |  | | | |
| Email address |  | | | |
| Postal address |  | | | |
| Suburb |  | Postcode |  | |
| Office telephone |  | Mobile |  | |

**Note:** Giving false or misleading information is a serious offence under section 268 of the *Work Health and Safety Act 2011*, and Part 5A of the *Crimes Act 1900*.

## Submitting the form

Email this form to [cau@planning.nsw.gov.au](mailto:cau@planning.nsw.gov.au)

Mail: Central Assessment Unit, NSW Resources Regulator, PO Box 344, HRMC, 2310.

This form may not be submitted to other offices of NSW Planning, Industry and Environment or Regional NSW.

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