**February 2021**

## About this form

Use this form to notify the NSW Resources Regulator of the removal of a worker from lead risk work as required by the Work Health and Safety Regulation 2017.

1. Details of person conducting a business or undertaking at a mine or petroleum site

|  |  |
| --- | --- |
| Name of person conducting a business or undertaking at a mine or petroleum site |  |
| 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 |  |
| Office telephone |  |
| Postal address |  |
| Work area where lead risk work is occurring |  |

1. Notification of lead risk work

|  |  |
| --- | --- |
| Was the Regulator notified of the lead risk work? | Yes.  Provide the date on which the notification was made  Please go to section 7.  No. Please go to section 3. |

1. Location of lead risk

Is the location of lead risk work the same as the mine or petroleum site provided in section 1?

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 website.

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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1. Details of lead risk work

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

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

1. Description of the 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 / 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.) |

1. 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.

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1. Reason for the removal of the worker

State the reason for removal of the worker (select one or more of the following reasons):

|  |
| --- |
|  The removal was due to increased blood lead levels.  Worker blood lead level results:       µg/dL  Age of the worker:       years  Sex of the worker:  Male  Female   I have attached a copy of the health monitoring report in accordance with clause 413(a) of the WHS Regulation. |
| The registered medical practitioner who supervised the health monitoring recommended that the worker be removed from carrying out the lead risk work.  Provide a brief description of the reason:    Please complete the following section providing details of the medical practitioner. |
| There is an indication that a risk control measure has failed and, as a result, the worker’s blood lead level is likely to reach the relevant level for the worker.  Provide a description of the failure and the new risk control measures: |

1. Details of the medical practitioner

|  |  |
| --- | --- |
| First name |  |
| Other given name (if applicable) |  |
| Last name |  |
| Name of medical practice |  |
| Daytime contact number |  |
| Mobile number |  |
| **Address of medical practice** | |
| Unit/street/property number |  |
| Street name |  |
| Suburb |  |
| State |  |
| Postcode |  |
| Country (if other than Australia) |  |

## 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
* 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.

**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*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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