

A Guide to lead-risk jobs forms

The *Workplace Health and Safety Regulation 2008* Part 17 Lead, requires the relevant person to provide Workplace Health and Safety Queensland with information about lead-risk jobs.

Notification of lead-risk job

- The relevant person is to notify Workplace Health and Safety Queensland of a lead-risk job within 28 days after a risk assessment identifies a new, or confirms an existing, lead-risk job.

Health surveillance report

- When health surveillance for a worker is required, the relevant person is to complete Part A of the report and give it to a designated doctor.
- The designated doctor is to:
 - complete Part B of the report
 - give the relevant person a health surveillance report
 - give the worker a health surveillance report and an explanation of the report
- The health surveillance report is to be retained by the relevant person.

Summary of health surveillance reports

- The relevant person is to notify Workplace Health and Safety Queensland of the results of the health surveillance within six months of receiving the report.

Copies of the forms are available from the Department of Justice and Attorney-General Workplace Health and Safety Queensland website www.worksafe.qld.gov.au

Please return the original to the Hazardous Industries and Chemicals Branch, Workplace Health and Safety Queensland, P.O. Box 820, LUTWYCHE Qld 4030. For further information, call 1300 369 915 or fax 3247 9426.

Health Surveillance Report

Please read the guide before completing this form — please print

Part A. The relevant person is to complete this part and give to the designated doctor when health surveillance for the worker is required.

1. Name of the relevant person

Surname

First name

2. Organisation's details

Trading name

Workplace location

Postcode

Contact person _____ Telephone (_____) _____

3. Name of worker in lead-risk job

Surname

First name

Male

Female

Date of birth / /

Part B. Designated doctor is to complete this part and give a copy to the worker and the relevant person.

4. I certify that the worker whose name appears in Part A is: (please tick one box)

- A **fit** to commence work in a lead-risk job
- B **not fit** to commence work in a lead-risk job due to a medical condition
- C **fit** to continue work in a lead-risk job
- D **not fit** to continue work in a lead-risk job
- E **fit** to return to a lead-risk job
- F **incapacitated** for work

5. Due to current blood lead levels recorded in the workplace, do control measures need to be reviewed?

Yes No

6. Date for next biological monitoring / /

Comments _____

7. Designated Doctor's name

Name

Signature

Date

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PRIVACY STATEMENT: The Department of Justice and Attorney-General respects your privacy and is committed to protecting personal information. The information provided on this form is for the purpose of reporting Workplace Health and Safety Queensland and/or the Electrical Safety Office of health surveillance information of lead-risk jobs that might fall under the legislation that it regulates such as the *Workplace Health and Safety Act 1995* and *Regulation 2008*, *Electrical Safety Regulation 2002* and *Dangerous Goods Safety Management Act and Regulation 2001*. The information will be managed within the requirements of the current state government privacy regime. The Department may be required to disclose your personal information to other agencies such as the Queensland Police Service, Queensland Health, WorkCover, Q-Comp and other agencies in accordance with other law enforcement activities which may be conducted as part of an investigation. Further information on our privacy policy is available at www.justice.qld.gov.au.