



Australian Government

Comcare

Notification of lead risk work

This form is to be used to notify Comcare as required by Part 7.2 of the *Work Health and Safety Regulations 2011* (WHS Regulations) in the following circumstances:

- > If lead risk work is carried out or to be carried out at a workplace
Note: The person conducting the business or undertaking (PCBU) must notify Comcare 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.
- > If there is a change to the lead risk work notification given to Comcare
Note: The PCBU must notify Comcare of any change in information given in a previous notification before the change or as soon as practicable after the PCBU becomes aware of the change.
- > If a worker is removed from lead risk work
Note: The PCBU must notify Comcare as soon as practicable if a worker is removed from carrying out lead risk work.
- > If an emergency service organisation's (ESO's) emergency service worker carried out lead risk work when rescuing a person or providing first aid to a person.
Note: The ESO must give notice as soon as practicable after determining that the work is lead risk work.

PCBUS in comcare's jurisdiction

A PCBU must notify Comcare if the PCBU is the Commonwealth, a public authority or a non Commonwealth licensee as defined in the *Work Health and Safety Act 2011* (WHS Act) and WHS Regulations. For more information about PCBUs in Comcare's jurisdiction, refer to www.comcare.gov.au.

Fees

There is no fee for submitting a notification to Comcare for lead risk work.

Privacy and personal information

Any personal information collected by Comcare in connection with this notification may be used in Comcare's exercise of its functions and powers under the WHS Act, WHS Regulations and other legislation, and the administration and evaluation of Comcare's programs generally.

Comcare may disclose personal information to the following bodies and agencies, including but not limited to, its legal advisers; the Safety, Rehabilitation and Compensation Commission; contractors and agents; a court or tribunal; state or territory work health and safety regulatory agencies; Commonwealth, state or territory industry regulators; enforcement agencies (including police investigating or conducting an interview in connection with the notification); state and territory Coroners; and any other person where there is an obligation under law to do so.

Comcare and inspectors appointed by Comcare respect your privacy and are committed to protecting your personal information. If you have any concerns about the privacy of your personal information, please contact Comcare's privacy contact officer by email at privacy@comcare.gov.au.

Comcare's privacy statement is available at http://www.comcare.gov.au/about_us/privacy.

Additional information about making notifications

PCBUs wishing to complete a notification for lead risk work are encouraged to review Comcare's 'Guide to lead risk work notification prior to submitting a notification. The guide is available on our website at www.comcare.gov.au.

For more information call 1300 366 979 or email WHS.Help@comcare.gov.au.

1. Notification Type (please select one)

New notification

* Date work was determined by PCBU or ESO to be lead risk work?

Notification of change

* Date PCBU was first aware of a change in lead risk work?

Removal of worker from lead risk work (complete sections 2,3,4,8,9 and 10)

2. Details of the person conducting the business or undertaking (PCBU)

* Name

Registered Business Name (if applicable)

* ABN / ACN

* Street address

* Town/suburb

* State

* Postcode

Details of emergency service organisation (ESO) that gave rise to lead risk work

* Name

Registered Business Name (if applicable)

* ABN / ACN

* Street address

* Town/suburb

* State

* Postcode

3. Details of person completing form (individual must have appropriate delegation for responsible PCBU)

* Title

* Given name

* Family name

* Position/title

* Street address

* Town/suburb

* State

* Postcode

* Telephone number

Mobile number

Fax number

* Email address

4. Details of workplace at which lead risk work is undertaken (or at which the ESO's worker rescued a person or provided first aid to a person)

* Name of workplace

* Street address

* Town/suburb

* State

* Postcode

5. Description of the lead process to be carried out:

* Select one or more of the following:

- (a) Work that exposes a person to lead dust or lead fumes arising from the manufacture or handling of dry lead compounds
- (b) 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
- (c) 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
- (d) Spraying molten lead metal or alloys containing more than five per cent by weight of lead metal
- (e) 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
- (f) Recovering lead from its ores, oxides or other compounds by thermal reduction process
- (g) Dry machine grinding, discing, buffing or cutting by power tools alloys containing more than five per cent by weight of lead metal
- (h) Machine sanding or buffing surfaces coated with paint containing more than one per cent by dry weight of lead metal
- (i) A process by which electric arc oxyacetylene, oxy gas, plasma arc or a flame is applied for welding, cutting or cleaning, to the surface of metal coated with lead or paint containing more than one per cent by dry weight of lead metal
- (j) Radiator repairs that may cause exposure to lead dust or lead fumes
- (k) Fire assays if lead, lead compounds or lead alloys are used
- (l) Hand grinding and finishing lead or alloys containing more than 50 per cent by dry weight of lead metal
- (m) Spray painting with lead paint containing more than one per cent by dry weight of lead
- (n) Melting lead metal or alloys containing more than 50 per cent 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
- (o) 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 metal and handling waste containing lead resulting from the removal
- (p) A process that exposes a person to lead dust or lead fumes arising from manufacturing or testing detonators or other explosives that contain lead
- (q) A process that exposes a person to lead dust or lead fumes arising from firing weapons at an indoor firing range
- (r) Foundry processes involving:
 - (i) melting or casting lead alloys containing more than one per cent by weight of lead metal in which the temperature of the molten material is more than 450°C
 - (ii) dry machine grinding, discing, buffing or cutting by power tools lead alloys containing more than one per cent by weight of lead metal
- (s) For any other reason that would be relevant to regulation 394
- (t) A process decided by Comcare to be a lead process under regulation 393.

6. Commencement and completion of work

Date of commencement of the lead risk work and proposed completion date:

* Date of commencement or change

* Date of completion

* Is the work ongoing?

No Yes

7. Documentation of risk management procedures (see Guide to lead risk work notifications)

* Please attach a copy of the risk management procedures¹ for the lead risk work. Please include:

- A description of the PCBU's risk assessment and risk control measures to minimise worker exposure
- A description of how the control measures have been monitored and how their effectiveness has been assessed
- A list of dates for the proposed testing of blood levels, the results of those tests and how the results have been communicated to workers that were likely to have been exposed.

* Date risk assessment was last reviewed?

8. Reason for removal of worker (if applicable)

* Please select one of the following and provide information as required in sections A - F:

- Removal due to exceeding relevant blood lead level for the worker
- Registered medical practitioner has recommended that the worker be removed from carrying out lead risk work
- Failure of a risk control likely to result in worker's blood lead level exceeding relevant level

A. Provide a brief description of the reason:

B. Provide a description of the failure of the control measures (if any) and the new risk control measures put in place:

C. Attach a copy of the lead health monitoring report provided by the registered medical practitioner in relation to any worker who has been recommended for removal from lead risk work:

¹ While the WHS Regulations do not outline a requirement for PCBUs to provide copies of their risk management procedures, this approach has been approved by the Heads of Workplace Safety Authority and adopted by other state and territory WHS Regulators.

D. Details of worker removed from lead risk work

* Title	<input type="text"/>
* Given name	<input type="text"/>
* Family name	<input type="text"/>
* Telephone number	<input type="text"/>
Mobile number	<input type="text"/>
* Email address	<input type="text"/>
* Date worker was removed from lead risk work?	<input type="text"/>

E. Details of worker's blood lead level results

* Please attach a copy of the worker's last blood lead level results. If the results do not so indicate, please advise the following:

* Date worker's blood lead levels were last (previously) tested?	<input type="text"/>
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The results of those last (previous) tests:

<input type="text"/>

F. Has a lead risk work notification been previously submitted to Comcare in regard to this work? No Yes

* Date previous notification was submitted to Comcare?	<input type="text"/>
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9. Details of medical practitioner supervising health monitoring

* Name of practitioner	<input type="text"/>
* Name of practice	<input type="text"/>
* ABN (if applicable)	<input type="text"/>
* Street address	<input type="text"/>
* Town/suburb	<input type="text"/>
* State	<input type="text"/>
* Postcode	<input type="text"/>
* Telephone number	<input type="text"/>
* Email address	<input type="text"/>

10. Declaration by applicant

Note: Note that in relation to section 268 of the *Work Health and Safety Act 2011*, Part 7.4 of the *Criminal Code Act 1995* makes it an offence for you to give Comcare false or misleading information in respect of this application. Should you provide false or misleading information in this application, you will be liable for prosecution under the *Criminal Code Act 1995*, and if convicted, face a penalty of up to 12 months imprisonment.

I declare that:

- > I am empowered by valid and express power, delegation in writing or authorisation in writing, to act as, for or on behalf of the PCBU or ESO that is required to make this notification
- > The information in this notification is true and correct to the best of my knowledge
- > I consent to Comcare making enquiries and exchanging information with other Commonwealth entities and other work health and safety regulators in the states and territories regarding any matter relevant to this notification.

* Name

* Position/title

* Signature

* Date

Please submit completed forms to Hazard.Notifications@comcare.gov.au.

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