Notification of change in information or continued permitted work with legacy engineered stone

Crystalline Silica

Use this form to re-notify NT Work Safe within 30 calendar days of the following occurring:

- Become aware of a change to the information provided in the previous notification. In this case, the re-notification must state and describe the information that has changed (e.g., an increase or decrease in the frequency and/or duration of the work, or a change in the type of work with legacy engineered stone). A re-notification is not required if the PCBU ceases to carry out work with legacy engineered stone.
- The 12-month anniversary of the most recent notification made to the WHS regulator, unless PCBU has ceased to carry out work with legacy engineered stone. (Regulations 529H and 529l)

This notification was prepared on								
The date you became aware of the change in work with legacy engineered stone								
Date of previous notification								
Reason for re-notifying	ng							
12-month anniversary of p	previous notification							
Change of information fro	m previous notification							
Copy of previous notificat	ion attached							
1. Person conducting	a business or undertaking (PCBU)							
Business name:								
Head office address:								
ABN:								
Contact Name:	Contact number:							
Email address:								
When responding to the below questions, provide your best estimate or approximation for work to be conducted over a 12-month period, and describe any anticipated fluctuations during the 12-month period. 2. Complete if there has been a change to the type of work conducted (tick all relevant boxes)								
Has there been a change i	Yes		No					
Removal Repair Minor modification				sposal				
Will this type of work involve processing using power tools or mechanical plant to crush, cut, grind, trim, sand, abrasive polish or drill the legacy engineered stone? *Notification is only required if you have responded 'yes' to the above question.				No				





3. Controlled processe	es will include (tick all rele	evant box	es)				
Effective water delivery system that supplies a continuous feed of water over the stone being processed to supress the generation dust.							
An effective on-tool dust extraction system.							
An effective local exhaust ventilation system; and							
Respiration protective equipment must be provided and worn; Such RPE must comply with O AS/NZS 1716:2012 (respiratory protective devices), and O AS/NZS 1715:2009 (selection, use and maintenance of respiratory protective equipment). Describe the change to the type of work, processing and equipment conducted since the previous notification (pleat provide details below):							
4. Complete if there h	as been a change to the f	requency	of work condu	cted (tick	all relev	rant bo	xes)
•	n the frequency of work since t				Yes [No	
If yes, over a 12-month pe	riod, what is your best estimat	te for:					
1. the number of engineere dispose	ed stone slabs, panels and bend	chtops your	entity will remove	e, repair, mo	dify, or		
2. the number of workers	who will carry out work with le	egacy engin	eered stone				
3. the frequency a worker	will be processing legacy engi	neered stor	e:				
Daily		Weekly			Monthly	у 🔲	
Every six months		Yearly		Other (spec	cify below	·)	
Describe the change to the	e frequency of work since the p	previous no	tification:				

5. Complete if there has	s been a cha	ange to the du	ration of v	vork coı	nducted (ti	ck all rele	van	t box	xes)
Has there been a change in t	he duration o	f work since the _l	orevious not	ification:		Yes 🗌		No	
If yes, what is the duration a worker will be working with legacy engineered stone:									
4 - 8 hours a day		2 - 4	nours a day		30 minu	tes – 2 hou	rs a c	lay	
<30 minutes a day		Other (spe	cify below)						
Describe the change in durat	ion of work si	ince the previous	notification	(detail be	elow):				
6. Duty to keep a copy	of the notic	e							
Under Part 8A.3 (Regulation given to NT WorkSafe and e	nsure that the	ey are readily acco	essible and a	llow acce	ess to any pe	rson upon t	heir r	eque	est.
A PCBU may wish to keep a Authority together with the		_				thern Territ	ory V	Vork	Health
7. Notifier declaration									
I have authority to complete	and submit th	nis application on	behalf of th	e PCBU.					
The information in this form The PCBU understands that, engineered stone, it has duti and crystalline silica containi	when carryin es under WHS	g out, or directing	g or allowing	g a worke			_	-	e silica
I have submitted this form el	ectronically (s	ignature is not re	quired)						
Notifier signature:						Date:			
NT WorkSafe has powers obtain further information related to permitted work	and may att				-	-	-		
Privacy statement									
The Department of Attorney Information Act.	-General and	Justice complies	with the Info	ormation	Privacy Prind	ciples sched	luled	by th	ie
Lodgement									
Completed applications can I	oe lodged in p	erson, email or vi	a post at a N	NT WorkS	Safe below:				
Phone: 1800 019 115	En	nail: ntworksafe@	nt.gov.au	Pos	stal: GPO Bo	x 1722, Da	rwin	NT O	801
In person: Darwin Corporate	Park, Building	g 3, 631 Stuart H	ighway, Beri	rimah NT					