Respirable Crystalline Silica (RCS) air monitoring notification form

A person conducting a business or undertaking that is carrying out, or directing or allowing a worker to carry out, the processing of a crystalline silica substance (CSS) that is high risk, must provide air monitoring results to the regulator, in a form approved by the regulator, if the airborne concentration of respirable crystalline silica (RCS) has exceeded the workplace exposure standard as soon as reasonably practicable and no more than 14 days from the date that the air monitoring result was reported to the person conducting a business or undertaking.

Please complete all sections of this form and note that separate form will need to be completed and submitted for each exceedance.

Section1 Reporting Person Conducting a Business or Undertaking (PCBU) details							
Name:							
ABN:							
Contact Name:		Telephone:					
PCBU Address:		Email:					
Address of site where samples were collected:							
Section 2 Sample Details							
Date of sample:							
Sampled Worker Details							
Surname:	Given name(s):						
Occupation:	Work Location:						
Shift Length:	Shift Pattern:		days on	days off			
Working activities during sampling:							





Was the worker wearing respiratory protective equipment (mask/respirator? \square Yes \square No If yes, provide details:						
Sampler/Technician Details						
Name of person conducting air monito	oring:					
Telephone Number:						
Email:						
Company:						
Sampling Results						
Sampling Equipment:						
Make and model of size selective sampler used: Make and model of sampling pump used:						
Sample duration (start/finish times):						
Respirable Crystalline Silica result (mg/mg3 TWA):						
Has the above result been adjusted fo	r shift length?	☐ Yes	□ No	□ N/A		
Section 3 Declaration:						
I hereby declare that: • I have the authority to complete and submit this application on behalf of the PCBU • The information in this form is true and correct to the best of my knowledge						
Name:	Signature:					
Position Title:	Date:	/	/			
Please submit this completed form to: <u>NTWorkSafe@nt.gov.au</u>						



