

Notification of worker removed from lead risk work

Use this form to notify when a worker has been removed from lead risk work in accordance with Regulation 415 of the [Work Health and Safety \(National Uniform Legislation\) Regulations 2011](#).

Notification is required if a worker is removed from carrying out lead risk work following health monitoring where:

- 10 µg/dL (0.48 µmol/L) for females of reproductive capacity, or those who are pregnant or breastfeeding;
- 30 µg/dL (1.45 µmol/L) for females not of reproductive capacity and males.

Refer to the guide [lead notifications](#) for further information.

1. Business details

Business name:		ABN:	
Contact person:			
Contact number:		Mobile number:	
Email address:			
Address:			
Suburb:		State:	
		Postcode:	
Is your postal address the same as above? (If no, complete below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Postal address:			
Suburb:		State:	
		Postcode:	

2. Registered medical practitioner's details (who is conducting the health monitoring)

Name of medical practice:			
Title:			
Surname:		Given name/s:	
Practice address:			
Suburb:		State:	
		Postcode:	
Phone number:		Email address:	

3. Worker details - Details are not mandatory, however may assist in future enquiries

Name:		Date of birth:	
Employer:			
Job description / Type of work undertaken:			

4. Reason for removal of the worker

Removal due to increased blood lead levels and provision of the following information: worker/s blood lead level results, age of the worker/s and sex of the worker/s, OR	<input type="checkbox"/>
Registered medical practitioner recommended the worker be removed from lead risk work and the provision of a brief description of the reason, OR	<input type="checkbox"/>
Failure of a risk control measure and the provision of a description of the failure and the new risk control measures	<input type="checkbox"/>

5. Description of the risk control measures to minimise worker exposure

Was a lead risk work notification made:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what date was the notification made:				
If no, provide the address below where the lead risk work was carried out				
Address:				
Suburb:		State:		Postcode:
Description of the lead process that was carried out:				
Date of commencement:				
Completion date if the work is short term such as abrasive blasting of lead paint from a structure:				
Date when the workers carrying out the lead risk work were last tested for blood lead levels:				
Results of those tests:				

6. Notifier declaration

The information in this notification is true and correct to the best of my knowledge. I consent to the Work Health Authority making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this notification.	
I have submitted this form electronically (signature is not required)	<input type="checkbox"/>
Notifier signature:	Date:

Privacy statement

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to NT WorkSafe and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so, or you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT

Lodgement

Completed applications can be lodged in person, email or via post at a NT WorkSafe below:		
Phone: 1800 019 115	Email: ntworksafe@nt.gov.au	Postal: GPO Box 1722, Darwin NT 0801
In person: Building 3, Darwin Corporate Park, 631 Stuart Highway, Berrimah NT		