Use this form to notify of lead risk work in accordance with Regulation 403 of the Work Health and Safety (National Uniform Legislation) 2011.

Refer to the guide for applicants for lead notifications for further information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | |  | | | | | | | | | | | | | | | | | | | | | ABN: | | | | | |  | | | | | | | |
| Contact person: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | State: | | | | |  | | | | | | | | | | | Postcode: | | | | | | |  | |
| Is your postal address the same as above? (If no, complete below) | | | | | | | | | | | | | | | Yes | | |  | | | | | | No | | | | | |  | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | | |  | | | | | | | | | | | Postcode: | | | | | | |  | |
| Phone number: | |  | | | | | | | | | | | Mobile number: | | | | | | | |  | | | | | | | | | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Registered medical practitioners 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: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Address of the workplace at which the lead risk work is to be carried out** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | | |  | | | | | | | | | Postcode: | | | | | | | |  | | |
| Date of commencement of lead risk work: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed finish date if the work is short term such as abrasive blasting of lead paint from a structure: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1. **Description of the lead process to be carried out** (Select one or more of the following) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| work that exposes a person to lead dust or lead fumes arising from the manufacture or handling of dry lead compounds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| spraying molten lead metal or alloys containing more than 5% by weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| melting or casting lead alloys containing more than 5% by weight of lead metal in which the temperature of the molten material exceeds 450°C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| recovering lead from its ores, oxides or other compounds by thermal reduction process | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| dry machine grinding, discing, buffing or cutting by power tools alloys containing more than 5% by weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| machine sanding or buffing surfaces coated with paint containing more than 1% by dry weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 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 1% by dry weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| radiator repairs that may cause exposure to lead dust or lead fumes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| fire assays if lead, lead compounds or lead alloys are used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| hand grinding and finishing lead or alloys containing more than 50% by dry weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| spray painting with lead paint containing more than 1% by dry weight of lead | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| melting lead metal or alloys containing more than 50% 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| using a power tool, including abrasive blasting and high pressure water jets, to remove a surface coated with paint containing more than 1% by dry weight of lead metal and handling waste containing lead resulting from the removal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| a process that exposes a person to lead dust or lead fumes arising from manufacturing or testing detonators or other explosives that contain lead | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| a process that exposes a person to lead dust or lead fumes arising from firing weapons at an indoor firing range | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| foundry processes involving:  (i) melting or casting lead alloys containing more than 1% by weight of lead metal in which the temperature of the molten material is more than 450°C, or  (ii) dry machine grinding, discing, buffing or cutting by power tools lead alloys containing more than 1% by weight of lead metal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| a process decided by the Work Health Authority to be a lead process under regulation 393 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Description of the risk control measures to minimise worker exposure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date when the last time workers carrying out lead risk work had their blood levels tested: | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Result of those tests: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Notifier signature: | | | | |  | | | | | | | | | | | | | | | | Date: | | | | | | | | |  | | | | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Attorney-General and Justice complies with the Information Privacy Principles scheduled by the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** Darwin Corporate Park, Building 3, 631 Stuart Highway, Berrimah NT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |