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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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. **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Registered medical practitioner recommended the worker be removed from lead risk work and the provision of a brief description of the reason, OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Failure of a risk control measure and the provision of a description of the failure and the new risk control measures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Description of the risk control measures to minimise worker exposure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was a lead risk work notification made: | | | | | | | | | Yes | | |  | | | | No | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |