***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 529I)

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| This notification was prepared on | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | |
| The date you became aware of the change in work with legacy engineered stone | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | |
| Date of previous notification | | | | | | | | | | | | | | | | | | | | Date: | | | | | |  | | | | | | | | | | |
| **Reason for re-notifying** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12-month anniversary of previous notification | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Change of information from previous notification | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Copy of previous notification 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 in the type of work since the previous notification: | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | No | | | |  | | |
| Removal | |  | | | | Repair | | | |  | Minor modification | | | | | |  | Disposal | | | | | | | | | | | | | | | | | |  | |
| **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. | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | No | | | |  | | |
| **3. Controlled processes will include (tick all relevant boxes)**   |  |  | | --- | --- | | 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   * AS/NZS 1716:2012 (respiratory protective devices), and * 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 (please provide details below): | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Complete if there has been a change to the frequency of work conducted (tick all relevant boxes)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has there been a change in the frequency of work since the previous notification: | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | | | No | | | |  | | | |
| If yes, over a 12–month period, what is your best estimate for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. the number of engineered stone slabs, panels and benchtops your entity will remove, repair, modify, or dispose | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2. the number of workers who will carry out work with legacy engineered stone | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 3. the frequency a worker will be processing legacy engineered stone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily | | | |  | | | | | Weekly | | |  | | | | Monthly | | | | | | | | | | | | |  | | | | | | | | |
| Every six months | | | |  | | | | | Yearly | | |  | | | | Other (specify below) | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the change to the frequency of work since the previous notification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** **Complete if there has been a change to the duration of work conducted (tick all relevant boxes)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has there been a change in the duration of work since the previous notification: | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | | | | | |  | | | | |
| If yes, what is the duration a worker will be working with legacy engineered stone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 – 8 hours a day | | | | | | |  | | 2 - 4 hours a day | | | |  | | | 30 minutes – 2 hours a day | | | | | | | | | | | | | | | |  | | | | | |
| <30 minutes a day | | | | | | |  | | Other (specify below) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the change in duration of work since the previous notification (detail below): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Duty to keep a copy of the notice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under Part 8A.3 (Regulation 529J) A PCBU must keep a copy of each notification for 5 years from the date the notice was given to NT WorkSafe and ensure that they are readily accessible and allow access to any person upon their request.  A PCBU may wish to keep a copy of the acknowledgement of each notification from the Northern Territory Work Health Authority together with the notification as evidence of when notification was received. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Notifier declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have 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.  The PCBU understands that, when carrying out, or directing or allowing a worker to carry out, work with legacy engineered stone, it has duties under WHS laws, including those described in the [Guide to working with crystalline silica and crystalline silica containing products](https://worksafe.nt.gov.au/forms-and-resources/guides/guide-to-working-with-crystalline-silica-and-crystalline-silica-containing-products/_nocache). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have submitted this form electronically (signature is not required) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Notifier signature: | | | | |  | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | | | | |
| NT WorkSafe has powers to investigate and enforce WHS laws. NT WorkSafe may rely on those powers to obtain further information and may attend your workplace(s) to assess compliance with the relevant legislation related to permitted work. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |