

## NOTIFICATION OF WORKER REMOVED FROM LEAD RISK WORK

Work Health and Safety Act 2012 (SA)  
Work Health and Safety Regulations 2012 (SA)

Regulation 415 'Removal of worker from lead risk work'

### SafeWork SA

Work Environment Unit  
Community, Events and  
Business Services Team  
GPO Box 465, Adelaide SA 5001  
Level 4, World Park A  
33 Richmond Road  
Keswick SA 5035  
Help Centre: 1300 365 255

### All sections required to be filled in

#### 1. Contact details of the person conducting the business or undertaking

Australian Business Number (ABN)

Australian Company Number (ACN)

SWSA Client Number

Registered name of body corporate (if applicable)

Business registration (trading) name (if applicable)

Name of the individual or contact person for body corporate or emergency service organisation:

Family name

Given name(s)

Title

M/F

Date of birth

Registered business address for body corporate or emergency service organisation (if applicable)

Number

Street

Suburb/town

State/territory

Postcode

Postal address (if different from above)

Telephone

Mobile

Facsimile (optional)

Email address

#### 2. Previous notification

Has SafeWork SA previously been notified by telephone?

NO

YES

If YES please provide Notification Number:

If NO, please provide the following information

Address of the workplace at which the lead risk work was carried out:

Suburb/town

State/territory

Postcode

Description of the lead process that was carried out:

\* If the work was short term such as abrasive blasting of lead paint from a structure, please provide:

\*Start date

\*Completion date

Last blood lead level test results of worker:

Results:

**Registered Medical Practitioners details:**

Family name

Given name/s

Name of medical practice

Address of medical practice

Suburb/town

State/territory

Postcode

Telephone

Fax

**3. Details of removal**

**Reason for Removal: (select one of the following)**

Removal due to increased blood lead levels and provision of the following information:

**Worker** blood lead level results

**µg/dL**

**or**

**µmol/dL (select one)**

**Worker Age:**

**Sex:**

**M/F**

**OR**

Registered medical practitioner recommended the worker be removed from lead risk work.

Provide details below

**OR**

Failure of a risk control measure and the provision. Provide details below:

**4. Declaration**

**IMPORTANT: There are serious consequences for providing misleading or false information about any matter relevant to your application.**

- I consent to SafeWork SA making enquiries and exchanging information with Work Health and Safety regulators in other states, territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I consent to SafeWork SA making enquiries and exchanging information with any individuals or non-government agencies, in South Australia and in other states or territories or the Commonwealth regarding any matter relevant to this application.
- I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.

Name of applicant

Signature

DD/MM/YYYY

Date

**SEND TO:** SafeWork SA

email: [DTFWSATechnicalServices@sa.gov.au](mailto:DTFWSATechnicalServices@sa.gov.au)

post: GPO Box 465 ADELAIDE SA 5001