UQ Health Monitoring Assessment Request Form – chemical and mineral dust (e.g., silica)

Purpose

This form is submitted via Workday using the Workday Health Monitoring process. Use this form to request health monitoring, via Workday, in relation to a UQ work process involving the use of a chemical, lead, nanomaterial, mineral dust. This form is submitted and initiated through the WorkDay Health Monitoring process.

Health monitoring may be required if there is significant risk to the worker's health after implementation of control measures and if there is a valid health monitoring method.

The UQ HSWD Health Team will assess the health monitoring requirements based on the information provided.

Procedure

The decision to conduct health monitoring is informed by risk assessment. This form is used to document relevant hazard, risk and control data.

This form should be completed by the supervisor of the UQ workers or HDR student, in consultation with the UQ workers or HDR student working with the chemical or dust, and if needed also in consultation with health, safety and wellness staff:

- for the initial request for health monitoring
- for any ongoing health monitoring
- when there is a change to exposure risk.

A separate form is completed for each worker and is specific to each individual type of chemical or dust hazard for which health monitoring is being considered. As the WorkDay health monitoring request process is specific to an individual worker, if there are multiple workers exposed to the same chemical or dust, a separate Workday health monitoring request and form must be completed for each worker. This form is submitted and initiated through the WorkDay Health Monitoring process.

The cost of health monitoring will be funded by the organisational unit. Therefore, finance details will need to be completed in table below. in table below.

Date RISQ raised:	Purchasing Business Unit:	
Finance Officer:	Email:	
Chartstring	<u>Signature</u>	

Section 1: Background information

Name of the worker for which this form is being c	ompleted:
Name of faculty/institute/school:	
Name of specific business unit:	
Name and contact details of supervisor/safety manager/relevant person requesting the health monitoring:	
Name of worker at risk of exposure to the hazard:	
What is the specific hazard for which health monitoring is being requested?	
Is health monitoring already in place for the hazard?	☐ Yes ☐ No
If yes, what specific health monitoring is in place?	Write details here:
If yes, how regularly is health monitoring conducted?	 □ Annually □ Every two years □ Every five years □ Other – specify frequency:
If health monitoring is not already in place, what specific health monitoring is requested? (e.g., specific blood test, urinary metabolite test, lung function test etc)	Write details here:
Is the worker receiving other health monitoring not related to the chemical or dust hazard? If yes, what specific health monitoring is in place?	Write details here:

Section 2: Hazardous task identification

Name of task that relates to the

meanth monitoring.				
Brief description of work minutes each time in a b used in the lab and kept	biohazard cabir	net, wearing gloves a		
Description of hazard in	context of the	work task (e.g., airb	orne dust is genera	ated from)
Hazard	Mark those applicable	Name of chemical, (e.g., silica)	lead, dry nanomat	erial, mineral dust
Chemical (e.g., Pb, As)		1-0,		
Dry nanomaterial				
Mineral dust (specify)				
Section 3: Analysis/de	escription of t	he hazard		_
A. Answer the following o	-		l, lead or dry nanc	material
Name of chemical, lead	or dry nanoma	aterial	CAS Number	GHS Hazard Statement/s (from Safety Data Sheet (SDS))
				<u> </u>
Is the substance/chemic		•	☐ Yes	

□ No

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and Safety Regulation 2011 (WHSR 2011)?

If yes, does the restricted use of the substance appear i	n L Yes
Schedule 10, Column 3 of the WHSR 2011?	□ No
If yes, have you obtained a written authorisation from	☐ Yes
Workplace Health and Safety Queensland for your use on the substance as required under section 380 of the WHO 2011?	
2011 .	☐ Not applicable
Is the substance any of those listed in <u>Schedule 14 of th</u> WHSR 2011?	<u>e</u> □ Yes
	□ No
Does the substance have a Chemwatch hazard rating of 4 for toxicity, reactivity or chronic (see SDS)	☐ Yes
6	□ No
chemical, lead, dry nanomaterial, mineral dust (e.g., silica) ? (refer to SDS or other references)	☐ Irritant
silica) : (Terer to 303 of other references)	☐ Carcinogenic
	□ Corrosive
	☐ Mutagenic
	☐ Sensitising agent
	☐ Teratogenic
	□ Asphyxiant □
	☐ Cytotoxic
	☐ Cytotoxic

(mark relevant box/es)

 \square Skin

 \square Eyes

 \square Liver

references)

What is the site of action in the body of health effects

(refer to SDS – Toxicological information or other

	☐ Kidneys
	☐ Lungs
	☐ Blood
	\square Blood forming tissues
	□ ervous system
	☐ Cardiovascular system
	☐ Gastrointestinal system
	☐ enitourinary system
	☐ Reproductive system
What specific disease or health effect is associated with exposure to the chemical, lead, dry nanomaterial, mineral dust	State here including reference (e.g., SDS)

Section 4: Degree of potential exposure

The following section determines the amount, frequency, duration of use and potential exposure of the substance over a certain time period. A value estimating the potential exposure, from low to high, is then calculated <i>without consideration of any current exposure controls</i> .			
Estimated amount of chemical, or lead or dry nanomaterial used in an 8-hour period	(mark relevant box)		
What is the physical state of the chemical, or lead or dry (mark relevant box/es)			
nanomaterial during task use	. ,		

		☐ Powder
		☐ Liquid
		☐ Gas
		□ Vapour
		☐ Mist
		☐ Fume
		☐ Airborne dust
		☐ Fibre
What are the potential routes of	exposure?	(mark relevant box/es)
		☐ Inhalation
		☐ Skin absorption
		☐ Eye absorption/splash
		☐ Injection
		☐ Ingestion
		☐ Other - please specify:
A. TIME PERIOD - How often do you work with	Number of days per we	ek =
the chemical, or lead or dry nanomaterial?	☐ Number of weeks per i	month =
ary nanomatemar:	☐ number of months per	year =
B. Frequency and duration of exposure	Frequency what is the usual number of	Duration f How many minutes is the
duration of exposure	times the worker could be	worker exposed each time
	exposed to the biological	
	organism/biotoxin, during 8-hour period?	an
	☐ Once	
	☐ Twice	
	☐ Three times	

	☐ Four times			
	☐ Five times			
	- Tive times			
	Civ times			
	☐ Six times			
	☐ Other			
Example for the above questions:	If a worker is using lead in powde	er form, 3 times a day, 10		
minutes each time, 5 days per wed	ek for 10 months of the year, the	n the above A and B question		
response would be:	•	·		
 Number of days per week 	= 5			
···				
• Number of weeks per month = 4				
 Number of months per year = 10 				
Number of times = 3				
 10 minutes each time 				

Section 5: Current exposure controls

What exposure controls are currently in place or planned for implementation to minimize the risk of harm to health and safety? Document this using the Hierarchy of Controls.

HIERARCHY OF CONTROLS

- ELIMINATE: remove the substance from the task/procedure entirely
- SUBSTITUTE: replace a harmful substance with a less harmful one or minimize the quantities
- ISOLATE: separate personnel from the process by distance or barriers
- ENGINEERING: use machinery, equipment or processes to minimize exposure
- ADMINISTRATION: use policies, procedures, instructions or signage
- PERSONAL PROTECTIVE EQUIPMENT: provide and wear protective equipment/clothing

Note: Higher order controls are preferred. Relying only on administrative and PPE controls in absence of isolation and engineering controls increases the likelihood of exposure being inadequately controlled. PPE should be used as a backup for the higher order controls.

Control	Already implemented (mark box for yes)	Considered but not achievable (mark box for yes)	Planned to be implemented before task continues (mark box for yes)	
Eliminate the hazard				
Substitute for less hazardous material				

Control	Already	Considered but	Planned to be implemented		
	implemented	not achievable	before task continues (mark		
_	(mark box for yes)	(mark box for yes)	box for yes)		
	Isolate work	ers from the hazard			
Isolation of the	Isolate work	ers from the nazaru			
process					
Enclosure of the					
process					
Closed / sealed	П	П	П		
containers					
Other					
Other					
	_	_	_		
	En	gineering			
Local extraction					
ventilation	_	_	_		
Fume cabinet					
Other					
Other					
	0.4				
Administration Written safe					
work/handling and					
disposal procedures					
Written emergency					
procedures					
Writton nost ovnosuro					
Written post-exposure procedures					
Training of workers in					
these procedures					
Training and					
competency-based					
assessment in lab					
procedures of new starters					
Good housekeeping					
practices					
Correct labelling and					
storage of all					
substances					
Correct waste disposal					
of substances	1	1	1		

Control	Already	Considered but	Planned to be implemented
	implemented	not achievable	before task continues (mark
	(mark box for yes)	(mark box for yes)	box for yes)
Other			
	Dave and Dueto	tive Favrings and /DDF	1
Danimatan		ctive Equipment (PPE	
Respirator (manufactured to 1716	☐ Disposable		☐ Disposable
or equivalent)	☐ Half-face ☐ Full-face		☐ Half-face ☐ Full-face
	☐ Positive pressure		☐ Positive pressure
	☐ Negative pressure		☐ Negative pressure
Type of Filter cartridge	☐ Particulate P2		☐ Particulate P2
	☐ Particulate P3		☐ Particulate P3
	☐ Type A – organic vapours		☐ Type A – organic Vapours
	☐ Type B AUS or B1 – acid gases		☐ Type B AUS or B1 – acid gases
	☐ Type B2 and B3 – acid gases and hydrogen cyanide (HCN)		☐ Type B2 and B3 — acid gases and hydrogen cyanide (HCN)
	☐ Type E — sulphur dioxide		☐ Type E – sulphur dioxide (SO₂)
	(SO ₂)		☐ Type G – agriculture chemicals
	☐ Type G − agriculture chemicals		☐ Type K – Ammonia (NH₃)
	□ Type K – Ammonia (NH₃)		☐ Type AX - Low boiling point organic compounds (below 65°C)
	☐ Type AX - Low boiling point organic		☐ Type NO - Oxides of nitrogen
			☐ Type Hg – Mercury

Control	Already	Considered but	Planned to be implemented
	implemented (mark box for yes)	not achievable (mark box for yes)	before task continues (mark box for yes)
	compounds (below	(Illaik box for yes)	box for yes;
	65°C)		☐ Type MB - Methyl bromide
	☐ Type NO -		brofflide
	Oxides of nitrogen		☐ Other
	☐ Type Hg — Mercury		☐ Combined - Specify:
	☐ Type MB - Methyl bromide		
	☐ Other		
	☐ Combined - Specify:		
Tight-fitting respirator fit-tested to the	□ Yes		☐ Yes
worker	□ No		□ No
Eye protection e.g., goggles	Write detail here:		Write detail here:
Lab coat	Туре:		Type:
Apron	Туре:		Type:
Overalls	Туре:		Туре
Gloves	Туре:		Type:
	Other contro	/s not listed above	

Section 7: Implementation of improved controls to further minimise the risk

If the risk is significant or uncertain, detail here	lf	the	risk	is	significant	or	uncertain,	detail	here
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•	What specific	improvements	in controls	are planned:
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- Time period for implementation of improved controls:
- What budget cycle are costs of planned improvement to occur:

Section 8: Contact person(s)

Name of person completing this form:	Date:	
Name of business unit health, safety and		
wellness person who reviewed this form:		
UQSafe Risk Assessment or Hazard record		
number associated with this work task		

This form is submitted using the WorkDay Health Monitoring process.