



Patient notification questions

If you have been diagnosed with an occupationally caused respiratory disease, this form can be used to collect information from you for entry into the National Occupational Respiratory Disease Registry (National Registry).

The Department of Health and Aged Care (the Department) runs the National Registry on behalf of the Commonwealth Government. The purpose of the National Registry is to collect and disseminate information about individuals who have been diagnosed with occupational respiratory diseases to help prevent future worker exposure to dusts, gases, fumes, vapours, mists, fibres and environmental factors that cause occupational respiratory diseases.

This document contains questions on your demographic and lifestyle details and your work history of exposure to hazardous substances that is believed to have caused or exacerbated your respiratory disease. Your physician will use the information you supply here to notify your respiratory disease to the National Registry.

Under the *National Occupational Respiratory Disease Registry Act 2023*, you must supply certain required information to the Department. For diseases that are voluntary to notify, and to collect additional personal information, the Department requires your consent under the *Privacy Act 1988* (Cth).

Physician's name

Patient details

Patient first name

Family Name

Date of birth

Sex

Male Female Not stated

Country of birth

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> England | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> China | <input type="checkbox"/> Iraq | <input type="checkbox"/> Philippines | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Croatia | <input type="checkbox"/> Ireland | <input type="checkbox"/> Scotland | <input type="text"/> |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Italy | <input type="checkbox"/> Serbia | |

Main language spoken at home

- | | | | |
|---|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Italian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Croatian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Bahasa (Indonesia) | <input type="checkbox"/> Dari | <input type="checkbox"/> Pashto | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Bahasa (Malaysia) | <input type="checkbox"/> Filipino | <input type="checkbox"/> Serbian | <input type="text"/> |

Indigenous status

- Not indigenous Aboriginal Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Not stated

Exposure that contributed to your respiratory disease

Please provide details on the exposure to the disease causing agent that contributed to your respiratory disease. A disease-causing agent is a dust, gas, fume, mist or fibre that is believed has contributed to your respiratory disease.

Select the likelihood that the disease was occupationally caused/exacerbated

Likely Very likely Certain

1. What is the total number of years that you were exposed to the disease causing agent?

<1 year 5-9 years 15-19 years Unknown
 1-4 years 10-14 years 20+ years

Your last exposure details

Please provide details on **the most recent exposure** to a dust, gas, fume, mist, vapour or fibre that is believed contributed to your respiratory disease.

2. What was the State/Territory where the last exposure occurred?

At a minimum we require the State/Territory where the last exposure occurred

ACT NSW NT
 QLD SA TAS
 VIC WA Overseas

3. What is the timeframe since your last exposure?

<1 year 5-9 years 15-19 years Unknown
 1-4 years 10-14 years 20+ years

4. What industry were you working in when the last exposure occurred?

- | | |
|---|--|
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Lead smelting, refining or fluxing |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Engineered stone products |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Natural stone products |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Construction-Civil projects | <input type="checkbox"/> Mining and resources |
| <input type="checkbox"/> Concrete, masonry or stonework | <input type="checkbox"/> Coal mining |
| <input type="checkbox"/> Site preparation, excavation or demolition | <input type="checkbox"/> Mineral mining |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Petroleum and gas |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Quarrying |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Personal and other services (hairdressing, beauty, laundry) |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Public administration and safety |
| <input type="checkbox"/> Healthcare and social assistance | <input type="checkbox"/> Rental, hiring and real estate services |
| <input type="checkbox"/> Information media and telecommunications | <input type="checkbox"/> Repair and maintenance (automotive, machinery, clothing) |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail trade |
| <input type="checkbox"/> Cement, concrete | <input type="checkbox"/> Transport, postal and warehousing |
| <input type="checkbox"/> Gypsum | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> China, ceramics or pottery | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Clay, brick or tile products | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Fibre cement products | <input type="text"/> |
| <input type="checkbox"/> Foundry casting (moulding) | |
| <input type="checkbox"/> Glass and fibreglass | |

5. Are you still working in this industry

- Yes No N/A

6. What was your occupation when the main exposure occurred?

- | | |
|---|--|
| <input type="checkbox"/> Abrasive blaster, sandblaster | <input type="checkbox"/> Laboratory technician |
| <input type="checkbox"/> Benchtop manufacturer/fabricator | <input type="checkbox"/> Labourer |
| <input type="checkbox"/> Boilermaker, boilersmith | <input type="checkbox"/> Miner above/below ground |
| <input type="checkbox"/> Builder, construction manager | <input type="checkbox"/> Nurse, carer |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Office worker |
| <input type="checkbox"/> Chef, kitchenhand | <input type="checkbox"/> Painter |
| <input type="checkbox"/> Cleaner | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Concreter, concrete spraying | <input type="checkbox"/> Roof worker (slate/tiles) |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Stonemason |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Tiler or paver |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Tunneller |
| <input type="checkbox"/> Excavator, driller, earth mover | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Farmer, farm worker | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Foundry worker | <input type="text"/> |
| <input type="checkbox"/> Hairdresser | |

7. What was the main job task you were performing when you were last exposed?

- | | |
|--|---|
| <input type="checkbox"/> Abrasive/sand blasting | <input type="checkbox"/> Mobile plant operator |
| <input type="checkbox"/> Assay laboratory preparing | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Cleaning tools, surfaces or the workspace | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cutting, shaping, sawing | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Excavating, drilling, earth moving | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Installing | <input type="checkbox"/> Wood working |
| <input type="checkbox"/> Labouring | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Livestock, vegetation management | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Maintenance | <input type="text"/> |

Last workplace of exposure details

Please provide details on the **place of business** where you believe you were exposed to a dust, gas, fume, mist, vapour or fibre that contributed to your respiratory disease.

8. Your last workplace of exposure

Business name

Landline

Email address

Physical street address of the workplace

9. Are you still working at this workplace?

Yes

No

10. Was the last exposure also the main exposure that is thought to have caused your respiratory disease?

The main exposure is **your largest/most intense exposure** to the dust, gas, fume, vapour, mist or fibre.

Yes, **go to** the [Demographic and lifestyle details](#) section.

No, go to the next section, the [Your main exposure details](#) section.

Your main exposure details

Please provide details on where you believe you had **your largest/most intense exposure** to the dust, gas, fume, vapour, mist or fibre that is thought to be the main cause of the respiratory disease.

11. What was the State/Territory where the main exposure occurred?

At a minimum we require the State/Territory where the main exposure occurred.

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Overseas

12. What is the timeframe since your main exposure?

< 1 year

5 – 9 years

15 -19 years

Unknown

1 – 4 years

10 – 14 years

20+ years

13. What industry were you working in when the main exposure occurred?

- | | |
|---|--|
| <input type="checkbox"/> Accommodation and food services | <input type="checkbox"/> Lead smelting, refining or fluxing |
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Engineered stone products |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Natural stone products |
| <input type="checkbox"/> Arts and recreation services | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Construction–Civil projects | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Concrete, masonry or stonework | <input type="checkbox"/> Mining and resources |
| <input type="checkbox"/> Site preparation, excavation or demolition | <input type="checkbox"/> Coal mining |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Mineral mining |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Petroleum and gas |
| <input type="checkbox"/> Other (<i>specify</i>) | <input type="checkbox"/> Quarrying |
| <input type="checkbox"/> <input type="text"/> | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Electricity, gas, water and waste services | <input type="checkbox"/> Personal and other services (hairdressing, beauty, laundry) |
| <input type="checkbox"/> Financial and insurance services | <input type="checkbox"/> Professional, scientific and technical services |
| <input type="checkbox"/> Healthcare and social assistance | <input type="checkbox"/> Public administration and safety |
| <input type="checkbox"/> Information media and telecommunications | <input type="checkbox"/> Rental, hiring and real estate services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Repair and maintenance (automotive, machinery, clothing) |
| <input type="checkbox"/> Cement, concrete | <input type="checkbox"/> Retail trade |
| <input type="checkbox"/> Gypsum or plaster | <input type="checkbox"/> Transport, postal and warehousing |
| <input type="checkbox"/> China, ceramics or pottery | <input type="checkbox"/> Wholesale trade |
| <input type="checkbox"/> Clay, brick or tile products | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Fibre cement products | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Foundry casting (moulding) | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Manufacturing | |
| <input type="checkbox"/> Glass and fibreglass | |

14. Are you still working in this industry?

- Yes No N/A

15. What was your occupation when the main exposure occurred?

- | | |
|---|---|
| <input type="checkbox"/> Abrasive blaster, sandblaster | <input type="checkbox"/> Laboratory technician |
| <input type="checkbox"/> Benchtop manufacturer/fabricator | <input type="checkbox"/> Labourer |
| <input type="checkbox"/> Boilermaker, boilersmith | <input type="checkbox"/> Miner – above/below ground |
| <input type="checkbox"/> Builder, construction manager | <input type="checkbox"/> Nurse, carer |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Office worker |
| <input type="checkbox"/> Chef, kitchenhand | <input type="checkbox"/> Painter |
| <input type="checkbox"/> Cleaner | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Concreter, concrete spraying | <input type="checkbox"/> Roof worker (slate, tiles) |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Stonemason |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Tiler or paver |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Tunneller |
| <input type="checkbox"/> Excavator, driller, earth mover | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Farmer, farm worker | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Foundry worker | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Hairdresser | |

16. What was the main job task you were performing when you were caused your main exposure?

- Assay laboratory preparing
- Cleaning tools, surfaces or the workspace
- Cutting, shaping, sawing
- Excavating, drilling, earth moving
- Food preparation
- Installing
- Labouring
- Livestock, vegetation management
- Maintenance
- Mobile plant operator
- Office work
- Painting
- Polishing
- Spraying
- Transporting
- Wood working
- Not stated
- Other (*specify*)

Main workplace of exposure details

Please provide details on **the place of business** where you believe you were exposed to a dust, gas, fume, mist, vapour or fibre that contributed to your respiratory disease.

17. Your main workplace of exposure

Business name

Landline

Email address

Physical street address of the workplace

Demographic and lifestyle details

Your height in centimetres?

Your weight in kilograms?

Smoking history

Current smoker of cigarettes

On average, how many cigarettes do you smoke per day?

How many years have you smoked cigarettes for?

Former smoker of cigarettes

What date did you stop smoking?

On average, how many cigarettes did you smoke per day?

How many years did you smoke cigarettes for?

Employment Status

Currently employed

What is your job title?

Not employed

What date did you finish your last employment?

What was your job title?

Occupational history of exposure details

Please provide details **on each job** you have had where you believe **the job contributed to your respiratory disease**.

Job1: Most recent job

Job title

Job start date

Job end date

Are you still working in this job?

- Yes No

What industry were you working in?

- Accommodation and food services
- Administrative and support services
- Agriculture, forestry and fishing
- Arts and recreation services
- Construction–Civil projects
 - Concrete, masonry or stonework
 - Site preparation, excavation or demolition
 - Residential
 - Landscaping
 - Other (*specify*)

- Education and training
- Electricity, gas, water and waste services
- Financial and insurance services
- Healthcare and social assistance
- Information media and telecommunications
- Manufacturing
 - Cement, concrete
 - Gypsum or plaster
 - China, ceramics or pottery
 - Clay, brick or tile products
 - Fibre cement products
 - Foundry casting (moulding)

- Manufacturing
 - Glass and fibreglass
 - Lead smelting, refining or fluxing
 - Engineered stone products
 - Natural stone products
 - Other (*specify*)

- Mining and resources
 - Coal mining
 - Mineral mining
 - Petroleum and gas
 - Quarrying
 - Other (*specify*)

- Personal and other services (hairdressing, beauty, laundry)
- Professional, scientific and technical services
- Public administration and safety
- Rental, hiring and real estate services
- Repair and maintenance (automotive, machinery, clothing)
- Retail trade
- Transport, postal and warehousing
- Wholesale trade
- Not stated
- Other (*specify*)

What was your main occupation for this job?

- Abrasive blaster, sandblaster
- Benchtop manufacturer/fabricator
- Boilermaker, boilersmith
- Builder, construction manager
- Carpenter
- Chef, kitchenhand
- Cleaner
- Concreter, concrete spraying
- Driver
- Electrician
- Engineer
- Excavator, driller, earth mover
- Farmer, farm worker
- Foundry worker
- Hairdresser

- Laboratory technician
- Labourer
- Miner – above/below ground
- Nurse, carer
- Office worker
- Painter
- Plumber
- Roof worker (slate, tiles)
- Stonemason
- Tiler or paver
- Tunneller
- Not stated
- Other (*specify*)

What disease causing agents were you exposed to in this job?

Main disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Secondary disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Where was the main exposure site?

- Off site (e.g. client's premises)
- On site (e.g. normal place of business)

What was the main job task you were performing when you were exposed?

- | | |
|--|---|
| <input type="checkbox"/> Assay laboratory preparing | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Cleaning tools, surfaces or the workspace | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cutting, shaping, sawing | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Excavating, drilling, earth moving | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Installing | <input type="checkbox"/> Wood working |
| <input type="checkbox"/> Labouring | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Livestock, vegetation management | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Mobile plant operator | |

What was the average hours you worked per week?

Was respiratory protective equipment (RPE) used?

- Yes, mask with supplied air
- Yes, but no supplied air
- No

If RPE used, was the RPE fit tested? (i.e. individually issued to ensure it fits correctly)

- Yes
- No

What type of ventilation/control measures were there in the work area?

- | | |
|---|---|
| <input type="checkbox"/> No special ventilation in the work area | <input type="checkbox"/> Use of vacuums with HEPA filters |
| <input type="checkbox"/> Local ventilation that removed pollutant | <input type="checkbox"/> Sweeping with brushes |
| <input type="checkbox"/> Extraction fitted to the tools | <input type="checkbox"/> Use of compressed air to clean up |
| <input type="checkbox"/> Open window/door | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Work was performed outside | <input type="checkbox"/> Other ventilation/control measures present |
| <input type="checkbox"/> Work was done in a booth | |
| <input type="checkbox"/> Water sprays | |

Job 2: Next most recent job

Job title

Job start date

Job end date

Are you still working in this job?

- Yes No

What industry were you working in?

- Accommodation and food services
- Administrative and support services
- Agriculture, forestry and fishing
- Arts and recreation services
- Construction–Civil projects
 - Concrete, masonry or stonework
 - Site preparation, excavation or demolition
 - Residential
 - Landscaping
 - Other (*specify*)
- Education and training
- Electricity, gas, water and waste services
- Financial and insurance services
- Healthcare and social assistance
- Information media and telecommunications
- Manufacturing
 - Cement, concrete
 - Gypsum or plaster
 - China, ceramics or pottery
 - Clay, brick or tile products
 - Fibre cement products
 - Foundry casting (moulding)

- Manufacturing
 - Glass and fibreglass
 - Lead smelting, refining or fluxing
 - Engineered stone products
 - Natural stone products
 - Other (*specify*)
- Mining and resources
 - Coal mining
 - Mineral mining
 - Petroleum and gas
 - Quarrying
 - Other (*specify*)
- Personal and other services (hairdressing, beauty, laundry)
- Professional, scientific and technical services
- Public administration and safety
- Rental, hiring and real estate services
- Repair and maintenance (automotive, machinery, clothing)
- Retail trade
- Transport, postal and warehousing
- Wholesale trade
- Not stated
- Other (*specify*)

What was your main occupation for this job?

- Abrasive blaster, sandblaster
- Benchtop manufacturer/fabricator
- Boilermaker, boilersmith
- Builder, construction manager
- Carpenter
- Chef, kitchenhand
- Cleaner
- Concreter, concrete spraying
- Driver
- Electrician
- Engineer
- Excavator, driller, earth mover
- Farmer, farm worker
- Foundry worker
- Hairdresser

- Laboratory technician
- Labourer
- Miner – above/below ground
- Nurse, carer
- Office worker
- Painter
- Plumber
- Roof worker (slate, tiles)
- Stonemason
- Tiler or paver
- Tunneller
- Not stated
- Other (*specify*)

What disease causing agents were you exposed to in this job?

Main disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Secondary disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Where was the main exposure site?

- Off site (e.g. client's premises)
- On site (e.g. normal place of business)

What was the main job task you were performing when you were exposed?

- | | |
|--|---|
| <input type="checkbox"/> Assay laboratory preparing | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Cleaning tools, surfaces or the workspace | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cutting, shaping, sawing | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Excavating, drilling, earth moving | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Installing | <input type="checkbox"/> Wood working |
| <input type="checkbox"/> Labouring | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Livestock, vegetation management | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Mobile plant operator | |

What was the average hours you worked per week?

Was respiratory protective equipment (RPE) used?

- Yes, mask with supplied air
- Yes, but no supplied air
- No

If RPE used, was the RPE fit tested? (i.e. individually issued to ensure it fits correctly)

- Yes
- No

What type of ventilation/control measures were there in the work area?

- | | |
|---|---|
| <input type="checkbox"/> No special ventilation in the work area | <input type="checkbox"/> Use of vacuums with HEPA filters |
| <input type="checkbox"/> Local ventilation that removed pollutant | <input type="checkbox"/> Sweeping with brushes |
| <input type="checkbox"/> Extraction fitted to the tools | <input type="checkbox"/> Use of compressed air to clean up |
| <input type="checkbox"/> Open window/door | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Work was performed outside | <input type="checkbox"/> Other ventilation/control measures present |
| <input type="checkbox"/> Work was done in a booth | |
| <input type="checkbox"/> Water sprays | |

Job 3: Next most recent job

Job title

Job start date

Job end date

Are you still working in this job?

- Yes No

What industry were you working in?

- Accommodation and food services
- Administrative and support services
- Agriculture, forestry and fishing
- Arts and recreation services
- Construction–Civil projects
 - Concrete, masonry or stonework
 - Site preparation, excavation or demolition
 - Residential
 - Landscaping
 - Other (specify)

- Education and training
- Electricity, gas, water and waste services
- Financial and insurance services
- Healthcare and social assistance
- Information media and telecommunications
- Manufacturing
 - Cement, concrete
 - Gypsum or plaster
 - China, ceramics or pottery
 - Clay, brick or tile products
 - Fibre cement products
 - Foundry casting (moulding)

- Manufacturing
 - Glass and fibreglass
 - Lead smelting, refining or fluxing
 - Engineered stone products
 - Natural stone products
 - Other (specify)
- Mining and resources
 - Coal mining
 - Mineral mining
 - Petroleum and gas
 - Quarrying
 - Other (specify)
- Personal and other services (hairdressing, beauty, laundry)
- Professional, scientific and technical services
- Public administration and safety
- Rental, hiring and real estate services
- Repair and maintenance (automotive, machinery, clothing)
- Retail trade
- Transport, postal and warehousing
- Wholesale trade
- Not stated
- Other (specify)

What was your main occupation for this job?

- Abrasive blaster, sandblaster
- Benchtop manufacturer/fabricator
- Boilermaker, boilersmith
- Builder, construction manager
- Carpenter
- Chef, kitchenhand
- Cleaner
- Concreter, concrete spraying
- Driver
- Electrician
- Engineer
- Excavator, driller, earth mover
- Farmer, farm worker
- Foundry worker
- Hairdresser

- Laboratory technician
- Labourer
- Miner – above/below ground
- Nurse, carer
- Office worker
- Painter
- Plumber
- Roof worker (slate, tiles)
- Stonemason
- Tiler or paver
- Tunneller
- Not stated
- Other (*specify*)

What disease causing agents were you exposed to in this job?

Main disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Secondary disease causing agent

- Acrylates – e.g. artificial nails, eyelashes, cosmetics/dentistry
- Aldehydes – formaldehyde
- Asbestos – fibres
- Bio – aerosols – e.g. mould/pollen
- Coal dust
- Diesel fumes
- Grain dust
- Hay dust
- Industrial cleaning agents
- Isocyanates
- Mixed dust (a combination of two or more dusts)
- Passive smoking
- Silica dust
- Unknown
- Other (*specify*)

Where was the main exposure site?

- Off site (e.g. client's premises)
- On site (e.g. normal place of business)

What was the main job task you were performing when you were exposed?

- | | |
|--|---|
| <input type="checkbox"/> Assay laboratory preparing | <input type="checkbox"/> Office work |
| <input type="checkbox"/> Cleaning tools, surfaces or the workspace | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cutting, shaping, sawing | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Excavating, drilling, earth moving | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Installing | <input type="checkbox"/> Wood working |
| <input type="checkbox"/> Labouring | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Livestock, vegetation management | <input type="checkbox"/> Other (<i>specify</i>) |
| <input type="checkbox"/> Maintenance | |
| <input type="checkbox"/> Mobile plant operator | |

What was the average hours you worked per week?

Was respiratory protective equipment (RPE) used?

- Yes, mask with supplied air
- Yes, but no supplied air
- No

If RPE used, was the RPE fit tested? (i.e. individually issued to ensure it fits correctly)

- Yes
- No

What type of ventilation/control measures were there in the work area?

- | | |
|---|---|
| <input type="checkbox"/> No special ventilation in the work area | <input type="checkbox"/> Use of vacuums with HEPA filters |
| <input type="checkbox"/> Local ventilation that removed pollutant | <input type="checkbox"/> Sweeping with brushes |
| <input type="checkbox"/> Extraction fitted to the tools | <input type="checkbox"/> Use of compressed air to clean up |
| <input type="checkbox"/> Open window/door | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Work was performed outside | <input type="checkbox"/> Other ventilation/control measures present |
| <input type="checkbox"/> Work was done in a booth | |
| <input type="checkbox"/> Water sprays | |