

Crystalline silica health surveillance assessment - PCBU (Employer)

Background:

- Employers whose workers are exposed to a significant risk to health from exposure to respirable crystalline silica are required to provide health monitoring for their workers. This is mandatory under the current Work, Health and Safety Regulation 2017.
- Health monitoring is performed to determine if there are cases of dust-related diseases occurring in the workplace, to ensure that workplace control measures are effective and to provide opportunities to reinforce safe work practices.
- This questionnaire is designed to inform our screening doctor of the work activities you might be doing that require health monitoring and the control measures undertaken at your workplace.
- This information will guide the appropriate clinical process for the screening of your workers to ensure specialised, evidence-based high-quality screening service and outcomes is provided for you and your workers.
- The information contained in this questionnaire is confidential and will not be disclosed to another person except in accordance with relevant legislation including the Work, Health and Safety legislation or with consent from you, the employer.

Instructions:

1. Open the fillable PDF form. [Click here](#) to download Adobe Acrobat Reader (free) if you do not currently have it installed.
2. Purple fields are those that can be filled. Click on the field to enter text, check boxes, or choose options from drop down menus.
3. When you have finished filling in the form, sign it using a digital signature. [Click here](#) for more information on how to digitally sign a form.
4. Save your filled form and send as an attachment in a reply email.

1. Business/Employer Details

Business name

Business address

Business contact person

Business contact number

Business email (*if available*)

Number of employees

In the workshop/onsite

Other (*clerical, managers etc.*)

2. Silica product use

- a. What type of silica product(s) do you work with in this business and for how many years have they been used?

Type of material or product	Choose one		Duration of use
Artificial/Engineered/Composite stone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Granite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Marble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Sandstone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Limestone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Shale	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years

Type of material or product	Choose one	Duration of use
Brick	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Fibre cement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Ceramic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Autoclaved Aerated Concrete (AAC) e.g. Hebel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Concrete Tilt-Up Panels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years

3. Controls

- a. Which dust control measures do you currently use in the workplace? Choose all that apply and indicate how many years the measure has been in use (if known).

Type of dust control	Choose one	Duration of use
Power tools with attached dust capture shroud and vacuum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Wet work (<i>dust suppression using water</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Enclosed processes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Automated machine wet cutting/polishing (<i>CNC</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Local Extraction Ventilation e.g., capture hoods, booths	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Floors cleaned with Class M or H vacuum or wet mopped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Surfaces cleaned with wet cloth or wipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years

Type of dust control	Choose one	Duration of use
Work area washed down with water at end of shift	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Mechanical ventilation (<i>wall or ceiling exhaust fans</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Natural ventilation (<i>open doors/windows</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
<input type="checkbox"/> Other (<i>please define</i>)		

b. Do you have current risk assessment(s) for working with silica products readily available to employees?

Yes No

c. Are risk assessments reviewed and amended (if necessary) at least yearly

Yes No

4. Personal Protective Equipment

a. What types of masks are **currently** provided for your employees? Choose all that apply and **indicate how many years the equipment has been in use.**

Type of dust control	Choose one	Duration of use
Disposable Respirator (<i>dust mask</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Reusable half face mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Reusable full face mask	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Supplied air respirator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years
Powered air purifying respirator (<i>PAPR</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> < 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> > 5 years

b. If different from the currently used masks, what types of masks were **previously** provided to your employees? Choose all that apply.

<input type="checkbox"/> Disposable Respirator (<i>dust mask</i>)	<input type="checkbox"/> Reusable half face mask
<input type="checkbox"/> Reusable full face mask	<input type="checkbox"/> Supplied air respirator
<input type="checkbox"/> Powered air purifying respirator (<i>PAPR</i>)	<input type="checkbox"/> None
<input type="checkbox"/> Other (<i>please define</i>)	<input style="width: 500px; height: 20px;" type="text"/>

c. If a reusable mask is used, are all employees using reusable masks in line with Australian guidelines?

Yes No Unsure

d. At the end of each shift, are masks either disposed of or cleaned, maintained and stored in line with Australian guidelines?

Yes No Unsure

e. Was fit testing performed for all employees, by a competent person or consultant?

Yes No Unsure

When was the most recent fit test conducted (*month/year*)?

5. Air Monitoring

Has workplace air monitoring of Repairable Crystalline Silica (personal air monitoring) been undertaken in the past?

Yes No

6. SafeWork Visit

a. Has your workplace been visited by SafeWork?

Yes No Last visit Date:

b. Has your workplace been issued any improvement notices?

Yes No

If Yes, specify

7. Other Measures

a. Are shower/change room facilities available in your workplace?

Yes No

b. Are meal rooms separate from the workshop?

Yes No

c. Are there any other control measures provided at your workplace?

I confirm that the information provided in this form is correct at the time of completion.

Completed by

Position / Title

Date