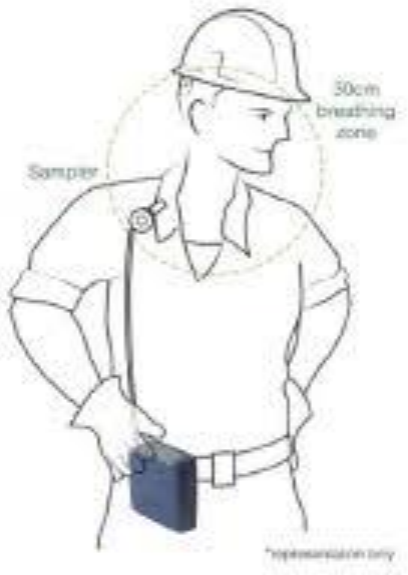
Black Mountain Mining Pty (Ltd)
VOH DEPARTMENT (Tel: 9401/9402/9403/9625)

PERSONAL LEAD EXPOSURE MEASUREMENT DATA FORM

DATE	
WORK AREA	
STATISTICAL POPULATION	
NUMBER OF PEOPLE IN H.E.G.	
OCCUPATION – Black Mountain	
OCCUPATION – SAMOHP Code Book	
SAMOHP Occupation Code	
NAME (Initials and Surname)	
COY NUMBER	
IMMEDIATE SUPERVISOR	
HEAD OF DEPARTMENT	
CONTRACTOR NAME (If Applicable)	
PUMP TYPE	
FILTER SERIAL NUMBER	
PUMP NUMBER	
CALIBRATION READING (Before)	
CALIBRATION READING (After)	
CALIBRATOR TYPE	
START TIME	
STOP TIME	
TOTAL TIME	



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PLEASE RETURN TO THE VOH DEPARTMENT / LAMPROOM

PERSONAL LEAD EXPOSURE MEASUREMENT ISSUE FORM

YOU HAVE BEEN SELECTED TO WEAR THE DUST SAMPLER FOR THE SHIFT.

Please complete the sections below

PERSONAL DETAILS	
DATE	
INITIALS AND SURNAME	
OCCUPATION	
COMPANY OR ID NUMBER	
SUPERVISOR/FOREMAN	
COMPANY	
SIGNATURE	
WORKPLACE	
AREA/LEVEL WHERE YOU WORKED	
DUSTY CONDITIONS IN THE AREA	
SOURCES OF DUST IN THE AREA	
ARE THERE DUST CONTROLS IN THE AREA?	
ARE THE CONTROLS IN WORKING ORDER?	
ENVIRONMENTAL CONDITIONS	
JOB PERFORMED TODAY	
WHAT WAS YOUR JOB FOR THE DAY?	
EQUIPMENT/TMM/MACHINERY USED FOR THE DAY	
EQUIPMENT/TMM TYPE	**EQUIPMENT/TMM NUMBER**
DUST SAMPLE	
DID YOU WEAR THE SAMPLE FOR FULL SHIFT?	
WHEN DID YOU TAKE THE SAMPLE OFF?	
WHY DID YOU TAKE THE SAMPLE OFF?	
HOW LONG WAS IT NOT ON YOU?	
PPE	
ARE THER SYMBOLIC SIGNS FOR WEARING YOUR DUST MASK?	
HAVE YOU BEEN ISSUED WITH A DUST MASK?	
DID YOU WEAR YOUR DUST MASK?	
DO YOU WEAR YOUR DUST MASK EVERY DAY?	
END OF SHIFT COMMENTS OR COMPLAINTS	

Potential Indicators for Exceedance or Mismeasurement (*Tick the appropriate*)	**Yes**	**No**
Did the instrument run continuously?		
Was the Battery Fault Indicated?		
Is there any damage to the equipment?		
Is the cassette damaged?		
Was the sampling equipment faulty?		
Were you informed about this sampling?		

I, _____ hereby declare that, before issuing the instrument, I have fully informed the instrument wearer on the following points:

- Purpose of Sampling
- Consequences of Instrument and Sample Tempering
- Possible Investigations that may follow

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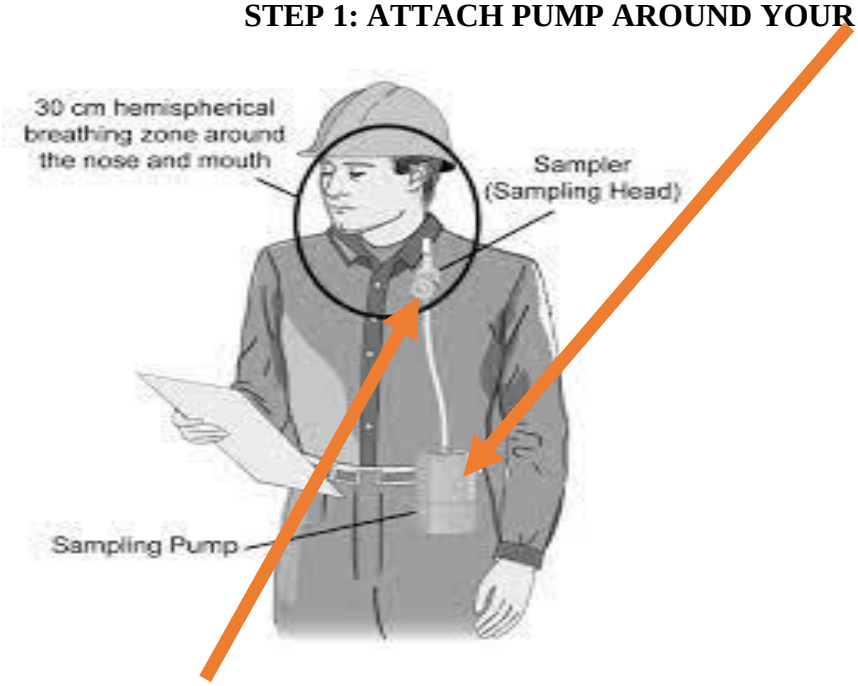
1	**SAMPLING AND ACTIVITY CODE**				
2	**OCCUPATION**				
3	**SHIFT (DAY OR NIGHT)**				
4	**TYPE OF DUST SAMPLED**				
5	**FILTER NUMBER**				
6	**PUMP NUMBER**				
7	**PUMP TYPE**		**LAST ANNUAL CALIBRATION DATE**		
8	**CALBRATOR TYPE**		**LAST ANNUAL CALIBRATION DATE**		
9	**CALIBRATION BEFORE**	FR1	FR2	FR3	AVE
10	**MEASUREMENT &ANALYTICAL METHOD**				
11	**CALIBRATION AFTER**	FR1	FR2	FR3	AVE
12	**TIME STARTED**				
13	**TIME STOPPED**				
14	**MOVEMENT (where applicable)**				
15	**TOTAL TIME**				

TRAINING FOR EMPLOYEE:
HOW TO WEAR EQUIPMENT FOR THE DAY

STEP 1: ATTACH PUMP AROUND YOUR WAIST



STEP 2: ATTACH SAMPLE HEAD IN BREATHING ZONE

PERSON CARRYING INSTRUMENT BRIEFED BY	
NAME: _____	SIGNATURE: _____
PERSON ISSUING INSTRUMENT AT START OF SHIFT	
NAME: _____	SIGNATURE: _____
PERSON RECEIVING THE INSTRUMENT AT THE END OF SHIFT	
NAME: _____	SIGNATURE: _____

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