

CFMEU ASBESTOS REGISTER

Name : Last Name _____ First Name _____

Address: _____

Suburb _____ State _____ Post Code _____

Date of Birth: ____ / ____ / ____ Age _____ Male/Female _____

Occupation: _____ Length of Service (years only) _____

Current work status ie : working/home duties/retired _____

Current Employer's Name : _____

Address: _____

Suburb _____ State _____ Post Code _____

Have you in the course of your employment, received from your employer the following safety measures and information?

- Instruction on safe work practices and procedures when working with or in close proximity to asbestos? **Yes/No**
- Protective clothing and respiratory equipment when working with asbestos or asbestos containing material? **Yes/No**
- Medical examination which included chest x-ray-lung function tests as part of your examination? **Yes/No**
- Results of any airborne monitoring tests undertaken in your working environment for the presence of asbestos? **Yes/No**
- Are you presently being treated for an asbestos related ailment (including the presence of 'Pleural Plaques')? **Yes/No**

This is a voluntary and confidential questionnaire for workers who have reason to believe they may have been exposed to airborne asbestos in their working environment at some stage. Please read carefully before answering all questions if possible.



If yes to the above question, describe your ailment: _____

Describe in brief your exposure to airborne asbestos : _____

Did exposure occur on a regular or occasional basis? _____

Type of asbestos ie lagging/sprayed/sheeting : _____

Others : _____

Describe the condition of the asbestos : _____

Did this exposure result from another employer's work activity? **Yes/No**

If yes, please name employer and date of exposure: _____ date ____ / ____ / ____

Please name any witness who was in attendance during the reported event: _____

Any other comments : _____

Signature : _____ Name of Union : _____ Date : _____