

ASBESTOS EXPOSURE REGISTRATION

The Asbestos Register is operated by WorkSafe New Zealand. If you have any questions about the form or the register, please contact:

The Registrar, New Zealand Asbestos Registers
WorkSafe New Zealand
PO Box 165
Wellington 6140
[Email: healthsafety.notification@worksafe.govt.nz](mailto:healthsafety.notification@worksafe.govt.nz)
Fax: 09 984 4115
Phone: 0800 030 040

All the information you provide will be kept confidential.

PERSONAL DETAILS

1. Name:

Surname

Given name

2. Home address:

3. Telephone numbers:

Home

Work

4. Were you born in New Zealand?

Yes (go to question 5)

No (If no, in what year did you arrive in New Zealand?)

5. What is your date of birth?

Date: / /

6. Sex:

Male

Female

7. What is your ethnic origin?

European

Māori

Pacific Island

Asian

Other

8. Where were you exposed to asbestos?

Home

Work

Other



Specify other

If exposed at home go to Question 9

If exposed at work go to Question 25

9. What year (approximately) was your home built?

10. In what parts of you home was asbestos used?
Where do you think asbestos containing materials were used?

11. Please describe any damage to any asbestos parts of your home

12. Was any asbestos removed by yourself or by a contractor?

- Removed by yourself
- Removed by a contractor
- Other, please specify:

13. Was any of the asbestos repaired by yourself or by a contractor?

- Repaired by yourself
- Repaired by a contractor
- Other, please specify:

14. Please specify what kind of repairs were carried out

15. Were precautions taken to minimise the release of asbestos fibres?

- Yes
- No
- Unknown

16. Was the presence of asbestos considered before repairs were begun?

- Yes
- No

If yes please specify. For example, what type of RPE(respirator) was used/did you receive training in the use of the RPE such as facial fit testing, etc?

17. Was asbestos identified before repairs were begun?

- Yes
- No

If yes, please specify the method used to identify asbestos eg professional testing or by some other method?

18. If asbestos was identified, was a risk assessment carried out?

Yes No

If yes please specify:

19. What was done to reduce the risk of asbestos exposure?

- Removal/cover of soft furnishings?
- Isolation of area worked on?
- Removal of householders?
- Personal Protective Equipment (PPE) for workers?
- Clean up?

20. Post testing after clean-up?

Yes No

Who did this?

21. If exposed at home for how many months do you believe were you exposed?

22. In which rooms of the house were you likely exposed? (*Please list*)

23. How old were you when you were exposed

24. How many hours a day did you spend in the home during the time you may have been exposed?

EMPLOYMENT HISTORY

25. How old were you when you began full time employment?

26. Are you:

- Employed *(go to question 27)*
- Unemployed *(go to question 31)*
- Retired *(go to question 31)*
- On a sickness benefit *(go to question 31)*

27. What work do you do now?

31. Please describe your past jobs:

Past job and past employer (Start from when you left school)	What was your age then?	When were you in this role?	Did you work with asbestos in this job? (Yes/No)	If you worked with asbestos in this job, please describe how you came to be exposed

Continue on separate sheet if necessary

28. What is the name and address of your current employer?

29. How long have you been in this job?

30. In this job, have you ever worked with asbestos?

- Yes
- No

If yes please describe how

32. Have you ever worked with asbestos?

- Yes No (go to question 33)

If yes, in which of these occupations?

- Asbestos Mining (e.g. Cobb River)
- Loading or unloading asbestos at a wharf on the railway or while driving a truck (e.g. Auckland or Christchurch wharves)
- Asbestos Processing (eg at Hardies', Fletcher's or other industries)
- Commercial plumbing (e.g. insulating or lagging boilers)
- Manufacturing or maintaining electrical equipment
- Asbestos Removal

- Manufacturing or maintaining brakes or clutches
- Manufacturing or maintaining railway vehicles (eg wagons, locomotives, carriages or worked at NZR workshops)
- Spraying insulation
- Building or Repairing Ships
- The Repeated cutting of Asbestos Board
- Other exposures, please describe:
(eg washing an exposed person's overalls)

34. Have you ever lived with a person exposed

- Yes No (go to question 33)

If yes, was the person:

- A wife, husband or partner
- A parent
- Other, please describe:

PERSONAL HEALTH DETAILS

34. Where do you go for health care?

Family doctor

Medical centre

Clinic

Other, please specify

35. What is the name and address of your family doctor, medical centre or clinic?

36. What is your state of health now?

Good

Moderate

Poor

37. Have you ever smoked?

I have never smoked (go to question 41)

I used to smoke (go to question 38)

I smoke now (go to question 38)

38. At what age did you begin smoking?

39. If you no longer smoke how old were you when you stopped smoking?

40. On average, how many cigarettes did/do you smoke each day?

CHEST SYMPTOMS

41. Have you had wheezing or whistling in your chest in the last twelve months?

Yes No

42. Have you been breathless when the wheezing was present?

Yes No

43. If yes to question 42, have you had this wheezing or whistling when you did not have a cold?

Yes No

44. Do you have a persistent cough?

Yes No

45. If yes to question 44, do you tend to cough up phlegm on most days?

Yes No

46. Do you have shortness of breath?

Yes No (go to question 48)

If yes which of these describes your shortness of breath? (*Tick more than one if you need to.*)

I get short of breath walking on the flat

I get short of breath walking up a slight

I get more shortness of breath than other people my age

47. Have you been woken up by an attack of shortness of breath any time in the last twelve months?

Yes

No

48. Are you currently taking any medicines for asthma? (*eg inhalers, aerosols or pills*)

Yes

No

If you would like to make any comments please use this space:

Three horizontal grey bars for providing comments.

I allow this personal data to be recorded and kept on file/computer at WorkSafe New Zealand subject to strict confidentiality.

Signature:

Date: DD / MM / YEAR

Thank you for completing this form.

**Please return this form in the postpaid envelope provided to: The Registrar,
New Zealand Asbestos Registers WorkSafe New Zealand**

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