# Occupational hygiene sample exceedance notification

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| **Your company** |  |
| **Your site** |  |
| **Your name** |  |
| **Your contact details** |  |
| **Date notification submitted** |  |
| **Email** | Your responsible inspector or contammanager@dmp.wa.gov.au |
| **Copy** | Ventilation log book |
| **Subject** |  |

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| --- | --- |
| **Title** | Exceedance of the occupational exposure limit |
| **Contaminant** |  |
| **Concentration** |  |
| **When** | Date: | Time: |
| **Location(s) where the exceedance occurred** |  |
| **Person exposed** | Name: |
| Occupation: |
| Employer: |
| **Work being undertaken** | Activities during sampling: |
| PPE worn during exposure: [ ]  Y [ ]  N | Type: |
| **Environmental conditions** |  |
| **Investigation leader** |  |
| **Action plan to prevent recurrence** | **Action** | **Responsible person** | **Completion date** |
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