

A. MANAGEMENT SYSTEMS STANDARDS

A6. RECORDS

1.0 Scope

This Standard covers creation, use and storage of occupational health and hygiene records. In cases where workers are grouped into similar exposure groups for occupational hygiene measurements, individual deployment or personnel records will be needed to enable each worker's exposures to be re-created.

2.0 Record Types

2.1 The following record types must be maintained:

- (a) A register of site regulatory requirements;
- (b) A register of injuries/illness and first aid treatments;
- (c) Worker's Compensation report forms with medical certificates;
- (d) Rio Tinto 'Reporting & Investigation of Fatal & Significant Incidents' forms;
- (e) Occupational illness cases reported for the annual Rio Tinto Social and Environment report;
- (f) Documentation of site occupational health risk assessments – a risk register;
- (g) Documentation of site-derived OELs and SEGs;
- (h) A register of site MSDS, and of people/organisations who receive a site product MSDS;
- (i) A register of site occupational health audits and reviews;
- (j) A register of site occupational hygiene survey and assessment reports, including those by consultants and regulators;
- (k) Personal and static monitoring and survey field sheets;
- (l) Summary reports of workplace monitoring data and controls performance;
- (m) Documented procedures for inspection, assessment and maintenance of exposure controls, both engineering and personal protective equipment, where applicable;
- (n) Employee personal occupational medical files;
- (o) Employee site job history;
- (p) Training records of the site's professional employees responsible for health and occupational hygiene advice; and
- (q) Instrument calibration certificates and quality control documentation.

2.2 All confirmed occupational illness incidents (see Definitions) attributable to site exposures must be reported annually as part of the Social and Environment data collection, and where lessons can be shared, on the Rio Tinto Occupational Health Intranet website. Those occupational illness incidents regarded as being significant,* must also be reported according to the Rio Tinto Procedure for the Notification of Fatal or Significant Issues.

* Significant issues are as per high or critical issues as defined in the Rio Tinto "Priority and Definition of Incidents and Issues" table.

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3.0 Records Content

- 3.1 All health and hygiene risk assessments and surveillance results must be recorded, reported and maintained. These records must be legible, identifiable and traceable to the activity, product or service involved.
- 3.2 A structured database of occupational hygiene monitoring data must be maintained and documented. Monitoring records must provide sufficient process and operation detail to allow an assessment of sampling and control effectiveness.
- 3.3 A personal occupational medical file must be maintained for all employees and made available to that employee or their personal doctor on request. It is preferable that a copy of each employee's SEG personal monitoring data also be maintained on this file, or can be readily linked to this file.
- 3.4 Each medical examination report must be dated and signed by the examining physician, nurse or equivalent, with a printed name to identify (electronic signature is acceptable).
- 3.5 Records must contain data that have been reviewed and interpreted to a level of rigour sufficient to defend the Business reputation in the case of community or regulatory challenge, from current or proposed legislation.
- 3.6 With the employee's consent, any significant finding on medical examination should be reported to their personal physician.

4.0 Retention Policy

- 4.1 On closure of permanent sites, the medical records must remain confidential. The physician must discuss with the Rio Tinto occupational physician, or records custodian, appropriate storage arrangements and responsibility for these records.
- 4.2 Occupational health and hygiene records must be stored and maintained in such a way that they are readily retrievable and protected against damage, deterioration or loss. Their retention times must be established and recorded. Records must be kept for a period consistent with legal requirements or 30 years after employment ceases, whichever is longer.

5.0 Confidentiality

- 5.1 All medical results must be treated as confidential personal information and access restricted to physicians, nurses and equivalent, and to individual employees for their own records. Each site must devise a procedure for handling confidential medical records that protects them from access by unauthorised personnel. All individuals working as "medical" personnel at the sites must sign a confidentiality agreement.

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- 5.2 Medical information may be supplied outside the bounds presented above, where there is explicit consent for the information to be used for a specific purpose (eg. to meet worker's compensation or superannuation requirements). In these cases, the information must only be used for this purpose and the information either destroyed or transferred to the individual's medical records when the investigation is complete.