



QUEENSLAND MINES RESCUE SERVICE LTD
STANDARD FORM - CHANGE OF TEAM MEMBER STATUS - Date: ___/___/___

TEAM MEMBER NAME:

TEAM MEMBER MINE:

COMPANY MEMBER IS CONTRACTING FOR:

LETTER OF SPONSORSHIP ATTACHED: AUTHORIZED BY: _____

* If you don't have your Auscoal number, please ring Auscoal on **1800 812 903**

DATE MEMBER BECAME NON-ACTIVE: ___/___/___

REASON: RESTRICTED DUTIES
 REHABILITATION
 WORKCOVER
 SUSPENDED FROM DUTIES
 OTHER _____

DATE MEMBER BECOMES ACTIVE: ___/___/___

(CLEARANCE TYPE) MEDICAL CLEARANCE
 MANAGEMENT CLEARANCE

MEMBER RESIGNED FROM MINE DATE: ___/___/___
 RESIGNATION CONFIRMED BY MANAGER/COORD

MEMBER RESIGNED FROM RESCUE DATE: ___/___/___
 COPY OF RESIGNATION ATTACHED

DISENGAGED BY QMRS
(NOT TRAINED UNDER OXY FOR OVER 12 MONTHS OR MORE WITHOUT QMRS CLEARANCE OR FOR MISCONDUCT)

DATE MEMBER RETURNED TO MINES RESCUE: ___/___/___

CERTIFIED BY QMRS

SIGNED _____
TEAM MEMBER

SIGNED _____
COORDINATOR/MANAGER

SIGNED _____
QMRS