

Risk Analysis for Trainees of the UGent

16. Other.

☐ yes ☒ no

If so:

A.

B.

C.

D.

17. Medical aspects (on advice of the occupational health physician of the traineeship provider!).

Inoculation-test: ☐ tetanus ☐ hepatitis A ☐ hepatitis B ☐ tuberculosis
☐ other:

Special measures in case of pregnancy ☐ yes ☒ no
If so, what kind:

Appropriate Health assessment:

- ☐ Not required
☐ Required because of:

Specific Health assessment:

- ☐ Not required
☐ Required because of age (<18j)
☐ Required because of night work
☐ Required because of a specific risk:

Name and signature of the traineeship provider

Matthias Gauthier-Jensen

Date:

MAY-22-2012

Work station file for trainees

In implementation of the Royal Decree of 21 September 2004 on the protection of trainees and the Royal Decree of 3 May 1999 on the protection of youngsters at work.



Part 1 of the work station file (**A and B**) must be filled out in advance for each traineeship (not for each trainee). For similar traineeships, a copy of part 1 can be used, the work station file can be personalized by filling out part 2 and having all parties concerned sign the file.

Part 2 of the work station file is filled out at the beginning of each traineeship.

Signing occurs at the beginning of each traineeship.

A TO BE FILLED OUT BY THE TRAINEESHIP PROVIDER

| | | | |
|--|--|---|---|
| Name company: University of Oslo | | Company number: (+47) 28856428 | |
| Address: Postboks 1048 Blindern, N-0316 Oslo | | Telephone: (+47) 28856428 | |
| Department: Department of Physics | | | |
| Name department head: Morten Hjorth - Jensen | | | |
| Educational institution: Universiteit Gent | | | |
| Study programme offering the traineeship: Department of Physics arranged by IAESTE | | | |
| Description work station / activity | | | |
| Work station: University of Oslo | | | |
| Required training for safe completion of the traineeship: | | | |
| Task description: Computational and theoretical physics | | | |
| Prevention measures to be applied: | | | |
| Risk-potential activities | | | |
| <input type="checkbox"/> chemical agents <input type="checkbox"/> mutagenous <input type="checkbox"/> teratogenous <input type="checkbox"/> others: | <input type="checkbox"/> poisonous <input type="checkbox"/> carcinogenous | <input type="checkbox"/> psychological <input type="checkbox"/> infrared-rays <input type="checkbox"/> ultraviolet-rays <input type="checkbox"/> operating dangerous machinery <input type="checkbox"/> lasers <input type="checkbox"/> noise <input type="checkbox"/> shift work <input type="checkbox"/> isolated work <input type="checkbox"/> younger than 18 <input type="checkbox"/> night work <input type="checkbox"/> operating computers <input type="checkbox"/> other: | |
| <input type="checkbox"/> biological agents, deliberate exposure: <input type="checkbox"/> class 2 <input type="checkbox"/> class 3 specify: | <input type="checkbox"/> contact with blood, bodily fluids or other biological material of human origin <input type="checkbox"/> activities around animals <input type="checkbox"/> ionizing rays: <input type="checkbox"/> isotopes <input type="checkbox"/> X-rays <input type="checkbox"/> contact with dust or powder <input type="checkbox"/> object lifting <input type="checkbox"/> physical | | |
| Risk function | | | |
| <input type="checkbox"/> security function | <input type="checkbox"/> food-related activity | <input type="checkbox"/> forklift driver | <input type="checkbox"/> other: |
| <input type="checkbox"/> function with heightened vigilance | | | |
| Personal protection means for the trainee | | | |
| <input type="checkbox"/> safety shoes <input type="checkbox"/> gloves | <input type="checkbox"/> goggles <input type="checkbox"/> respiratory protection | <input type="checkbox"/> rain apparel <input type="checkbox"/> winter apparel | <input type="checkbox"/> helmet <input type="checkbox"/> coat <input type="checkbox"/> other: |

B HEALTH INSPECTION (TO BE FILLED OUT BY THE PREVENTION ADVISOR-OCCUPATIONAL HEALTH PHYSICIAN)

| | | |
|---|----------|------------|
| EDPPW: | Address: | Telephone: |
| Prevention advisor-occupational health physician: | | |
| <input type="checkbox"/> health supervision unnecessary | | |
| <input type="checkbox"/> adequate health supervision | | |
| <input type="checkbox"/> specific health supervision | | |
| inoculations required: <input type="checkbox"/> tetanus <input type="checkbox"/> hepatitis B <input type="checkbox"/> tuberculin test <input type="checkbox"/> other: | | |
| <input type="checkbox"/> Prevention measures on pregnancy protection | | |

TO BE FILLED OUT BY THE TRAINEE

| | | |
|--|----------------|---------------------------|
| Name trainee: | Date of birth: | National Register number: |
| Enrolment number: | | |
| Address trainee: | | |
| Telephone: | | |
| Email-address trainee : | | |
| Start date traineeship: | | End date traineeship: |
| Has the trainee undergone a prior health assessment? <input type="checkbox"/> yes, date: <input type="checkbox"/> no | | |

NAME AND SIGNATURE

| | | | |
|--|---|----------------------------|-----------------|
| Name and signature department head of traineeship site | Name and signature trainee supervisor at traineeship site <i>Morten Hjorth-Jensen</i> MAY-22-2012 | Name and signature trainee | Visum DMT UGent |
| Date: | Date: | Date: | Date: |