

Safety Critical Worker Assessment

In my opinion								
Surname Mulchrone				Forename Brian			DOB 28/03/85	
Employer Location Infratec			ation		Department/Construct	/Job Title tion worker		
Is fit to perform th	e foll	owin	g work					
	Fit		Unfit	Fit with restriction	Temporarily unfit	Comments		
Confined space work	✓							
Working at heights	✓							
Working in hot environments	✓							
Lone working	✓							
Fork lift truck driver	✓							
Vocational driver	✓							
MEWP Operation	✓							
Comments								
Name of Occupational Health Practitioner				Signature			ate	
lan Watkinson				l. wt			3/07/23	

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Ian Watkinson