

Health Rehabilitation Report

Health No. R2019-00005

Status On process (Request to Close Health Rehabilitation - Area Functional Manager)

Employee ID 15100028 **Years** 2019

Health Check-Up

Hospital

BNH **Date of Report** 03/10/2019 14:17:35

Employee Name employee_name

Company Siam City Cement Public Company Function/Business Unit CEO Office

Limited

Plant/Department CEO Office Division other

Section other Date of Birth 03/10/2019

Hiring date 03/10/2019 Age 0 years 0 months

Name of reporter 0 years 0 months Service Year in Current 1

Position

Risk Factor Related Work

Risk Factor Related Work	Do you have workplace environmental monitoring?	Year of Environme ntal Inspection	Result of Environmental Inspection	Duration of Risk Exposure per Day	Workplace environmental monitoring results	Result of Environmental Inspection Attachment
Hazardous chemical substances-Methanol						
Hazardous chemical substances-Hexane						

Work Description / Machine Type

tets

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Health Check Report

Health Check Report due to Risk Factor Related Work	Abnormal audiogram	Abnormal pulmonar y function	Hearing threshold level	Health Check Attachment	Repeat ed Health Check	No Repeat ed Health Check	Repeated Health Check Attachmen t	Do you have any personal health problem or chronic diseases in the ear?	Have you ever smoked a cigarettes ?
Abnormal audiogram	Left ear		11			No		Yes : teee	
Abnormal pulmonary function		Restrictive				No			Yes, but quite. I smoked for 1 years 2 months
Abnormal pulmonary function		Restrictive				No			Other : testkkk
Abnormal pulmonary function		Obstructiv e and Restrictive				No			No

Significant risk factor related work or Insignificant risk factor related work Insignificant risk factor related work

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Health Rehabilitation Action

Type of Control	Action	Responsi ble person	Due date	Status	Date Complete	Attachm ent	Attachme nt	Attachment	Remark
	test	Phatwarin Pawinwarit	16/10/2019	Closed	15/10/201 9			process_acti on_health_20 19101515375 4904868.png	

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Request to Close Health Rehabilitation Report

Position	Name and Surname	Date	Approval	Remark

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