

Man Job Specification

Occupational Risk Exposure Profile

| | | | | | |
|---------------|--|-----------------------------|-------|--------------|--------|
| Name: | | Workplace - Please tick box | | | |
| ID Number: | | Office | Plant | Under Ground | O/Cast |
| Company Name: | | | | | |
| Occupation: | | | | | |

This form must be completed by the manager for each individual worker. It must be completed prior to the initial and periodical medical examination OR after change in a worker's environment, activities or health status. This document forms the basis for compiling a worker's occupational risk exposure profile and the decision on fitness to work will be based on this OREP and the DMRE Minimum Standards to work.

| SHORT DESCRIPTION OF KEY PERFORMANCE AREAS AND CRITICAL TAKS AS PER JOB DESCRIPTION | % OF TIME PER DAY |
|---|-------------------|
| | |
| | |
| | |
| | |

LIST OF IDENTIFIED HAZARDS - RISK RATING HIGH = H MEDIUM - M LOW- L

| | Exposed | | Risk Rating | | | HRS /Day |
|---|---------|----|-------------|---|---|----------|
| | Yes | No | H | M | L | |
| Physical Hazards | | | | | | |
| Noise above 85dB | | | | | | |
| Extreme heat temperatures | | | | | | |
| Extreme cold temperatures | | | | | | |
| Sunlight | | | | | | |
| Slippery surfaces | | | | | | |
| Vitbration | | | | | | |
| Rough terrain | | | | | | |
| Poor illumination | | | | | | |
| Driving vehicles on mine premises | | | | | | |
| Psycho-social stres: | | | | | | |
| Shift work | | | | | | |
| Long period away from home | | | | | | |
| Biological environment | | | | | | |
| Bacteria, virusses, fungi | | | | | | |
| Sewage | | | | | | |
| Food handling | | | | | | |
| Bees, snakes, insects | | | | | | |
| Coal dusts | | | | | | |
| Other | | | | | | |
| Water (risk of drowning) | | | | | | |
| Working close to or with moving machinery | | | | | | |

| Ergonomic Hazards | | |
|----------------------------|-----|----|
| | Yes | No |
| Lifting | | |
| Repetetive movements | | |
| Prolonged sitting | | |
| Prolonged bending | | |
| Prolonged standing | | |
| Working above shoulder | | |
| Kneeling | | |
| Bending, twisting at waist | | |
| Pushing and pulling | | |
| Shovelling | | |
| Abnormal posture | | |
| Climbing on ladders/steps | | |
| Working at heights | | |
| Working in confined spaces | | |

NOTE: If a worker is working at heights or confined spaces, then the manager have to complete an additional questionnaire

Indicate the importance of physical attributes to perform the job:

| 1 - Low Priority | | | | 2 - Medium Priority | | | | 3- High Priority | | | |
|-------------------|---|---|--|---------------------------|---|---|--|--------------------|---|---|--|
| 1 | 2 | 3 | | 1 | 2 | 3 | | 1 | 2 | 3 | |
| Hearing | | | | Stamina | | | | Working at heights | | | |
| Near vision | | | | Clear Speech | | | | Confined spaces | | | |
| Far vision | | | | Physical strength: | | | | Mental alertness | | | |
| Colour vision | | | | Back | | | | | | | |
| Depth perception | | | | Hands | | | | | | | |
| Fine motor skills | | | | Legs | | | | | | | |
| Balance | | | | Arms | | | | | | | |

| | | |
|-------------------------------|-----------|------|
| Name: Assigned Manager | Signature | Date |
| Name: Employee | Signature | Date |
| Name: Occ Health Practitioner | Signature | Date |