

## **EMPLOYEE'S RECORD OF HAZARDOUS WORK**

MINE NAME																
MINE CODE			SUR	NAME												
FIRST NAME	T NAME MALE FEMALE															
I.D./PASSPORT NUMBER								COMPANY/ INDUSTRY NUMBER								
DATE STARTED EMPLOYMENT D	D I	м м	Y	YY		DATE ENI		D	D	М	М	Y	Y	Y	Y	
OCCUPATION				NUMBER OF	IDENTIFY STRESSOR AS PER MINE'S SPECIFIC RISK ASSESSMENT IN ACCORDANCE WITH THE DMR LISTING IN SCHEDULE 22.9(2)(a)											
	FROM	-	то	SHIFTS		AIRBORNE POLLUTANTS (e.g. Silica, Coal Dust, etc.)				NOISE	THERMAL	ОТНЕК	RADIATION			
SIGNATURE OF HYGIENIST/LINE MANAGER: DATE:													_			
SIGNATURE OF EMPLOYEE:					DATE:									-		

Note Section 14 (i) & (ii) of the Mine Health and Safety Act states that:

<sup>&</sup>quot;(i) The employer at every mine must keep a service record in the prescribed form, of employees at the mine who perform work in respect of which medical surveillance is conducted in terms of section 13. (ii) The employer must deliver to the Medical Inspector a copy of the relevant part of the record kept in terms of subsection (1) – (a) when an employee whose name appears in that record ceases to be employed at that mine; or (b) when required to do so by the Chief Inspector of Mines."