

Employee name:	_____	ID Number:	_____							
Company Name:	_____	Work area:	<table border="1"> <tr> <td>Plant</td> <td>U/G</td> <td>Surf</td> <td>O/Cast</td> <td>Office</td> <td>Driver</td> <td>Other</td> </tr> </table>	Plant	U/G	Surf	O/Cast	Office	Driver	Other
Plant	U/G	Surf	O/Cast	Office	Driver	Other				
Occupation:	_____									

Please note that if you tick the box for WORKING AT HEIGHTS and CONFINED SPACES an ADDITIONAL QUESTIONNAIRE has to be completed.

Ergonomic		Physical:		Biological environment:	
Lifting		Noise above 85dB		Bacteria, viruses, fungi	
Repetitive movements		Extreme heat temperatures		Sewage workers	
Prolonged sitting		Extreme cold temperatures		Food handlers	
Prolonged bending		Exposed to sunlight		Bee, snakes, insects	
Prolonged standing		Radiation		Dust:	
Working above shoulder		Slippery surfaces		Coal dust	
Kneeling		Vibration		Asbestos and mineral fibres	
Bending, twisting at waist		Rough terrain		Silica dust	
Pushing and pulling		Poor illumination		Stone dust	
Shovelling		Driving mine vehicles		Other:	
Abnormal posture		Psycho-social stres:		Water (risk of drowning)	
Climbing on ladders/steps		Shift work		Working with or close to	
Working at heights		Long period away from home		moving machinery	

Other exposures or conditions not mentioned:

Chemicals	Frequency of use		
	Daily	Weekly	Monthly
Type of chemical used			
Gases and fumes			
Pesticides/herbicides/insecticides			
Solvents and cleaning agents			
Paints			

Please give us a short description of the work the person has to do daily:

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				Heat/cold tolerance				Confined spaces				
Far vision				Clear speech				Mental alertness				
Colour vision				Physical strength:								
Depth perception				Back								
Fine motor skills				Hands								
Balance				Legs								
				Arms								

Assigned Manager	Signature	Date
Safety Risk Manager	Signature	Date
Employee	Signature	Date
Occ Health Practitioner	Signature	Date