

# Workstation Risk Analysis

## for an Enterprise or an Institute



for trainees in Secondary, Special Secondary, Higher and Adult Education

### Model B (Soft Sector)

Departments: see website [www.coprant.be](http://www.coprant.be) → helpdeskstages → documenten

This document is filled out in accordance with advice by work-placement provider, mentor and monitor

General information of the workstation	
Name of the enterprise/institute:	.....
Speciality:	.....
Name of employer/self-employed person:	.....
Address:	.....
Telephone:	.....
Mobile phone:	.....
Fax:	.....
E-mail:	.....
Website:	.....
Work placement for: (field of activity, study or training)	.....

Work placement mentor	
Name:	.....
Position:	.....
Telephone:	.....
E-mail:	.....

Workstation's name and job description	
Name:	.....
Description activities:	1. ....
	2. ....
	3. ....
	4. ....
	5. ....
	6. ....

1. The work placement is:
 

<input type="checkbox"/> in the enterprise/institute	<input type="checkbox"/> on location
<input type="checkbox"/> indoors	<input type="checkbox"/> outdoors
2. Day/week/month schedule: .....
3. Night work (8 p.m. - 6a.m.):
 

<input type="checkbox"/> no	<input type="checkbox"/> yes
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4. Trainee works under supervision:
 

<input type="checkbox"/> no	<input type="checkbox"/> sometimes	<input type="checkbox"/> mostly	<input type="checkbox"/> yes
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5. Computer-screen work:
 

<input type="checkbox"/> none	<input type="checkbox"/> less than 4 hours	<input type="checkbox"/> 4-8 hours
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6. Work in shifts:
 

<input type="checkbox"/> no	<input type="checkbox"/> yes
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7. Work on heights of more than 2 metres:
 

<input type="checkbox"/> no	<input type="checkbox"/> yes
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8. Nature of work placement activities:

- high pace:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- repetitive work:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- high mental strain:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- aggression and emotions:	<input type="checkbox"/> no	<input type="checkbox"/> yes

9. Work placement location:

1 Locations where activities can cause serious fires or explosions:	<input type="checkbox"/> no	<input type="checkbox"/> yes
2 Locations where autopsy service take place:	<input type="checkbox"/> no	<input type="checkbox"/> yes
3 locations for animal slaughter and treatment of carrions or carcasses:	<input type="checkbox"/> no	<input type="checkbox"/> yes
4 Locations where activities can cause release of asbestos fibres:	<input type="checkbox"/> no	<input type="checkbox"/> yes

10. Procedures and activities:

1 Procedures and activities that belong to the list in appendix II of the Decree of 02.12.1993 concerning the protection of employees against risks of exposure to cancer-inducing agents.	<input type="checkbox"/> no	<input type="checkbox"/> yes
2 Activities involving wild or poisonous animals:	<input type="checkbox"/> no	<input type="checkbox"/> yes
3 Machine-pace governed activities	<input type="checkbox"/> no	<input type="checkbox"/> yes

11. Driving vehicles:  no  yes

Type of vehicle: 1. ....
2. ....

12. Exposure to chemical agents (dust, gases, vapours)  no  yes

Type: 1. ....
2. ....

13. Exposure to biological agents (contamination hazard)

1. Pricking risk	<input type="checkbox"/> no	<input type="checkbox"/> yes
2. Close contact with saliva	<input type="checkbox"/> no	<input type="checkbox"/> yes
3. Contact with blood	<input type="checkbox"/> no	<input type="checkbox"/> yes
4. Contact with excrements	<input type="checkbox"/> no	<input type="checkbox"/> yes
5. Contact with urine	<input type="checkbox"/> no	<input type="checkbox"/> yes
6. Other: .....		
7. Other: .....		

14. Contact with special groups of people:  no  yes

Type of groups:

<input type="checkbox"/> ill people	<input type="checkbox"/> Children < 6 years old	<input type="checkbox"/> (ex-)prisoners
<input type="checkbox"/> hospital	<input type="checkbox"/> Children < 12 years old	<input type="checkbox"/> (ex-) addicts (drugs, alcohol, medication)
<input type="checkbox"/> psychiatry	<input type="checkbox"/> Elderly people	<input type="checkbox"/> refugee or equal status
<input type="checkbox"/> (psych.) elderly home	<input type="checkbox"/> Disabled people	<input type="checkbox"/> .....
<input type="checkbox"/> children < 3 years old	<input type="checkbox"/> Deprived / homeless people	<input type="checkbox"/> .....

16. Exposure to physical agents

1. Falling from height or ground level	<input type="checkbox"/> no <input type="checkbox"/> yes
2. Falling objects	<input type="checkbox"/> no <input type="checkbox"/> yes
3. Lifting heavy objects: +/- volume of ..... +/- weight of: ..... kg Frequency: ..... / day	<input type="checkbox"/> no <input type="checkbox"/> yes
4. Noise > 80 dB(A)	<input type="checkbox"/> no <input type="checkbox"/> yes
5. Sharp objects	<input type="checkbox"/> no <input type="checkbox"/> yes
6. Machines: .....	<input type="checkbox"/> no <input type="checkbox"/> yes
7. Work in overpressure or low pressure:	<input type="checkbox"/> no <input type="checkbox"/> yes
8. Vibrations:	<input type="checkbox"/> no <input type="checkbox"/> yes
9. Ionising radiation or radioactivity:	<input type="checkbox"/> no <input type="checkbox"/> yes
10. Non-ionising radiation such as radio waves, microwaves, IR, UV and laser radiation:	<input type="checkbox"/> no <input type="checkbox"/> yes
11. Electricity hazards:	<input type="checkbox"/> no <input type="checkbox"/> yes
12. Humidity: .....	<input type="checkbox"/> no <input type="checkbox"/> yes
13. Heat (climate):	<input type="checkbox"/> no <input type="checkbox"/> yes
14. Cold (climate):	<input type="checkbox"/> no <input type="checkbox"/> yes
15. Heat (burns):	<input type="checkbox"/> no <input type="checkbox"/> yes
16. Other: .....	
17. Other: .....	

17. Working in increased risk conditions:

1. B-VCA (safety) training required	<input type="checkbox"/> no <input type="checkbox"/> yes
2. Other training required: .....	
3. Work under licence: Type: ..... Type: .....	<input type="checkbox"/> no <input type="checkbox"/> yes
4. Duties involving increased alertness:	<input type="checkbox"/> no <input type="checkbox"/> yes
5. Other: .....	

18. Activities involving food products:  no  yes

Type: .....
Type: .....

19. Requirements by the work placement provider towards the trainee:

Requirements		Description
1. No fear of heights	<input type="checkbox"/> no <input type="checkbox"/> yes	Steep stairs - high working platforms - towers
2. Agility	<input type="checkbox"/> no <input type="checkbox"/> yes	Narrow passages, limited moving space, other
3. Muscle and endurance	<input type="checkbox"/> no <input type="checkbox"/> yes	Prolonged stand-up work

4. Isolated work	<input type="checkbox"/> no <input type="checkbox"/> yes	
5. Driving Licence - Type	<input type="checkbox"/> no <input type="checkbox"/> yes	
6. First Aid Training	<input type="checkbox"/> no <input type="checkbox"/> yes	
7. Smoking prohibited	<input type="checkbox"/> no <input type="checkbox"/> yes	General Regulation
8. Eating prohibited	<input type="checkbox"/> no <input type="checkbox"/> yes	General regulation
9. Other: .....		.....

20. Reception, First Aid, prevention and protection:

Reception, First Aid, prevention and protection:	
Information on emergency procedures, First Aid and the like are provided with reception	<input type="checkbox"/> no <input type="checkbox"/> yes
First Aid Station on work placement site:	<input type="checkbox"/> no <input type="checkbox"/> yes
Name prevention adviser: .....	
Tel.: ..... E-mail: .....	
External service for protection and prevention at work on the part of the work placement provider: ..... Tel.: .....	
E-mail: .....	
Name industrial medical adviser: .....	
Trusted representative of the work placement provider: Name: ..... Tel.: .....	
E-mail: .....	

21. Work clothing and personal protection gear

Description: Indicate applicable personal protection items and supplement possible specifications		To be provided by
1. Overalls: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
2. Toque or head cover: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
3. Apron: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
4. Trousers: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
5. Neckerchief: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
6. Gloves: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
7. Jack-boots: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
8. Wooden shoes: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
9. Appropriate shoes: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
10. Thermal wear: .....	<input type="checkbox"/> no <input type="checkbox"/> yes	WP Provider
11. Other: .....		WP Provider
12. Other: .....		WP Provider

22. Medical aspects (advice of industrial medical adviser!)

Medical aspects	
Vaccination test:	<input type="checkbox"/> tetanus <input type="checkbox"/> hepatitis B <input type="checkbox"/> tuberculosis <input type="checkbox"/> other .....
Special measures required in case of pregnancy:	<input type="checkbox"/> no <input type="checkbox"/> yes
Specify:	.....
Appropriate health examination:	
<input type="checkbox"/> Not required	
<input type="checkbox"/> Required because .....	
Specific health examination:	
<input type="checkbox"/> Not required	
<input type="checkbox"/> Required because of the age (<18 years old)	
<input type="checkbox"/> Required because of night work	
<input type="checkbox"/> Required because of specific risk: .....	

Name and signature of the work placement provider

.....

.....

Date: .....