

Workstation Risk Analysis

for an Enterprise or an Institute



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

Model A (Hard Sector)

Departments: see website 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:

- Locations where activities can cause serious fires or explosions:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- Locations where autopsy service take place:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- Locations for animal slaughter and treatment of carrions or carcasses:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- Locations where activities can cause release of asbestos fibres:	<input type="checkbox"/> no	<input type="checkbox"/> yes
- Locations where activities can cause exposure to hydrocyanic (prussic) acid	<input type="checkbox"/> no	<input type="checkbox"/> yes

10. Procedures and activities:

1 Manufacture, use, distribution with the purpose of use, storage and transport of explosives or projectiles, ignition devices or objects containing explosives.	<input type="checkbox"/> no	<input type="checkbox"/> yes
2 Work in pressed air chambers and in overpressure.	<input type="checkbox"/> no	<input type="checkbox"/> yes
3 Work involving devices to manufacture, store or fill reservoirs with inflammable liquids and compressed gases, liquid or dissolved gases; activities which can cause serious fire or heavy explosion	<input type="checkbox"/> no	<input type="checkbox"/> yes
4 Earth or propping work in excavations of more than 2 metres deep in which the width at half depth is smaller than the depth; work that can cause collapse.	<input type="checkbox"/> no	<input type="checkbox"/> yes
5 Handling excavation tools or machines	<input type="checkbox"/> no	<input type="checkbox"/> yes
6 Handling pile driving machines	<input type="checkbox"/> no	<input type="checkbox"/> yes
7 Handling lifting tools involving signal guiding	<input type="checkbox"/> no	<input type="checkbox"/> yes
8 Building demolition	<input type="checkbox"/> no	<input type="checkbox"/> yes
9 Building and disassembling scaffolding	<input type="checkbox"/> no	<input type="checkbox"/> yes
10 Welding or cutting work by means of electric tool or burner in tanks	<input type="checkbox"/> no	<input type="checkbox"/> yes
11 Use of pistol hammers	<input type="checkbox"/> no	<input type="checkbox"/> yes
12 Maintenance, cleaning and repair of high-tension installations in transformer stations; work involving high tension electricity dangers	<input type="checkbox"/> no	<input type="checkbox"/> yes
13 Loading and unloading ships	<input type="checkbox"/> no	<input type="checkbox"/> yes
14 Lopping or felling tall trees and treatment of round timber	<input type="checkbox"/> no	<input type="checkbox"/> yes
15 Work involving dangerous machines, except for machines provided with sufficient protection that functions independently from the user. The following machines are considered dangerous:		
- wood processing machines: circular saw, belt saw, planer, thicknessers, milling cutter, tenoning machines, chain milling cutter, combined machines	<input type="checkbox"/> no	<input type="checkbox"/> yes
- tanner machines: rolling machines, press and planing machines, sanders, roll polishing, clotting machines and vacuum drying machines	<input type="checkbox"/> no	<input type="checkbox"/> yes
- metal presses: screw presses with friction gear, excenter presses with mechanic, pneumatic or hydraulic gear, hydraulic presses	<input type="checkbox"/> no	<input type="checkbox"/> yes
- presses for plastic substance manufacture	<input type="checkbox"/> no	<input type="checkbox"/> yes
- mechanically driven metal scissors and cutting machines	<input type="checkbox"/> no	<input type="checkbox"/> yes
- drop hammers	<input type="checkbox"/> no	<input type="checkbox"/> yes
16 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	<input type="checkbox"/> no	<input type="checkbox"/> yes

of exposure to cancer-inducing agents.		
17 Activities involving wild or poisonous animals:	<input type="checkbox"/> no	<input type="checkbox"/> yes
18 Painting activities involving white lead, lead sulphate or any product containing these pigments if the lead content exceeds 2 weight percentage calculated in metallic condition.	<input type="checkbox"/> no	<input type="checkbox"/> yes
19 Working at or with tubs, basins, reservoirs, demijohns that contain chemical agents	<input type="checkbox"/> no	<input type="checkbox"/> yes
20 Machine-pace governed activities	<input type="checkbox"/> no	<input type="checkbox"/> yes

11. Driving vehicles: no yes

Type of vehicle:	Where:
1.	On site: <input type="checkbox"/> no <input type="checkbox"/> yes
2.	Farm-field: <input type="checkbox"/> no <input type="checkbox"/> yes
3.	Public road: <input type="checkbox"/> no <input type="checkbox"/> yes
4.	With trailer: <input type="checkbox"/> no <input type="checkbox"/> yes Max. tonnes

12. Operating lifting tools: no yes

Type: 1.	Hydraulic: <input type="checkbox"/> no <input type="checkbox"/> yes	Pneumatic: <input type="checkbox"/> no <input type="checkbox"/> yes
2.	Hydraulic: <input type="checkbox"/> no <input type="checkbox"/> yes	Pneumatic: <input type="checkbox"/> no <input type="checkbox"/> yes

13. Operating machines: no yes

Type: 1.
2.

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

Type: 1.
2.

14. Exposure to biological agents (contamination hazard) no yes

Type: 1.
2.

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:	<input type="checkbox"/> no <input type="checkbox"/> yes
1. Licence to enter concealed area:	<input type="checkbox"/> no <input type="checkbox"/> yes
2. Fire licence:	<input type="checkbox"/> no <input type="checkbox"/> yes
3. Cold licence:	<input type="checkbox"/> no <input type="checkbox"/> yes
4. Digging licence:	<input type="checkbox"/> no <input type="checkbox"/> yes
5. Work on electric installations:	<input type="checkbox"/> no <input type="checkbox"/> yes
6. Other:	
7. Other:	
4. Duties involving increased alertness:	<input type="checkbox"/> no <input type="checkbox"/> yes
5. Other:	

18. Activities involving food products: no yes

Description :

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. Training in "work with personal falling protection"	<input type="checkbox"/> no <input type="checkbox"/> yes	
7. First Aid training	<input type="checkbox"/> no <input type="checkbox"/> yes	
8. Smoking prohibited	<input type="checkbox"/> no <input type="checkbox"/> yes	General regulation
9. Eating at work prohibited	<input type="checkbox"/> no <input type="checkbox"/> yes	General regulation
10.	<input type="checkbox"/> no <input type="checkbox"/> yes	.....

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. Dustcoat:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
2. Overalls:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
3. Working gloves:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
4. Safety shoes:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
5. Hard hat:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
6. Safety spectacles:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
7. Hearing protection:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
8. Face screen:	<input type="checkbox"/> no <input type="checkbox"/> yes	<input type="checkbox"/> Trainee <input type="checkbox"/> WP Provider
9. Breathing protection:	<input type="checkbox"/> no <input type="checkbox"/> yes	WP Provider
10. Safety armour:	<input type="checkbox"/> no <input type="checkbox"/> yes	WP Provider
11. Other:	<input type="checkbox"/> no <input type="checkbox"/> yes	WP Provider
12. Other:	<input type="checkbox"/> no <input type="checkbox"/> yes	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 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: