

# Workstation Risk Analysis for Self-employment



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

## Model A (Hard 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	.....
Speciality:	.....
Name of the self-employed person:	.....
Address:	.....
Telephone:	.....
Mobile phone:	.....
Fax:	.....
E-mail:	.....
Website:	.....
Work placement for: (field of activity, study or training)	.....

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	<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 : .....
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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

Name and signature of Self-employed person

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Date: .....