

# Workstation Card for a workstation with a self-employed person Model A (hard sector)

| Data of the work placement location                                      |                     |
|--|---------------------|
| Name of the enterprise or institute: .....                               |                     |
| Professional domain or specialty : .....                                 |                     |
| Name of the person in charge : .....                                     |                     |
| Address: .....   |                     |
| Tel.: .....  | Mobile phone: ..... |
| E-mail: .....  | Website:.....       |
| Work placement for (professional domain, study field or training): ..... |                     |
| Name of workstation : .....  |                     |
| Types of activities in the workstation:                                  |                     |
| 1. ....  | .....               |
| 2. ....  | .....               |
| 3. ....  | .....               |
| 4. ....  | .....               |

| Risk analysis results                                      |   |  |
|--|---|--|
| <input type="checkbox"/> work placement with limited risks | <input type="checkbox"/> humidity                       | .....  |
| <input type="checkbox"/> work placement with risks         | <input type="checkbox"/> heat (climate)                 | .....  |
| <b>Risk and hindrance</b>                                  | <input type="checkbox"/> chemical agents                | .....  |
| <input type="checkbox"/> falling                           | <input type="checkbox"/> biological agents              | .....  |
| <input type="checkbox"/> falling objects                   | <input type="checkbox"/> contact food products          | .....  |
| <input type="checkbox"/> raise and lift                    | <b>Specific instructions and training</b>               |  |
| <input type="checkbox"/> noise                             | .....   | .....  |
| <input type="checkbox"/> sharp objects                     | .....   | .....  |
| <input type="checkbox"/> machines                          | .....   | .....  |
| <input type="checkbox"/> electricity risks                 | <input type="checkbox"/> all tasks allowed under age 18 | <input type="checkbox"/> reception and First Aid |

| Working clothes and personal protection gear; fill out and choose (WPP: work placement provider) |                              |                                      |   |                              |                                     |
|--|------------------------------|--------------------------------------|---|------------------------------|-------------------------------------|
| <input type="checkbox"/> dust coat: .....  | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice  | <input type="checkbox"/> overalls: .....  | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice |
| <input type="checkbox"/> working gloves: .....   | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice  | <input type="checkbox"/> safety shoes: .....  | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice |
| <input type="checkbox"/> hard hat: .....   | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice  | <input type="checkbox"/> safety spectacles: .....   | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice |
| <input type="checkbox"/> hearing protection: .....   | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice  | <input type="checkbox"/> .....  | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice |
| <input type="checkbox"/> .....   | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice  | <input type="checkbox"/> .....  | <input type="checkbox"/> WPP | <input type="checkbox"/> apprentice |
| General measures   |                              |                                      |   |                              |                                     |
| Smoking prohibited: <input type="checkbox"/> no <input type="checkbox"/> yes                     |                              |                                      | Eating prohibited during activities: <input type="checkbox"/> no <input type="checkbox"/> yes |                              |                                     |
| Special measures   |                              |                                      |   |                              |                                     |
| .....  |                              |                                      |   |                              |                                     |
| Medical precautions  |                              |                                      |   |                              |                                     |
| Vaccination-test: <input type="checkbox"/> tetanus   |                              | <input type="checkbox"/> hepatitis B | <input type="checkbox"/> tuberculosis   | other: .....                 |                                     |
| Prior health assessment: <input type="checkbox"/> no <input type="checkbox"/> yes                |                              |                                      | Risks with pregnancy: <input type="checkbox"/> no <input type="checkbox"/> yes                |                              |                                     |
| Particulars: .....   |                              |                                      |   |                              |                                     |

The following persons declare to have taken note of this information (name, date and signature):

Work placement provider

Apprentice

Parent or custodian (pupil <age 18)