

Workstation Card for a workstation with a self employed person Model B (soft 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"/> heat (burns)	.....
<input type="checkbox"/> work placement with risks	<input type="checkbox"/> chemical agents	.....
Risk and hindrance		
<input type="checkbox"/> falling	<input type="checkbox"/> contact with blood	.....
<input type="checkbox"/> falling objects	<input type="checkbox"/> aggressiveness and emotions	.....
<input type="checkbox"/> raise and lift	<input type="checkbox"/> heavy mental strain	.....
Specific instructions and training		
<input type="checkbox"/> noise	.....	.....
<input type="checkbox"/> sharp objects	.....	.....
<input type="checkbox"/> ionising radiation	.....	.....
<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"/> work suit:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice	<input type="checkbox"/> gloves:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice
<input type="checkbox"/> chef's hat/head-cover:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice	<input type="checkbox"/> proper shoes:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice
<input type="checkbox"/> apron:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice	<input type="checkbox"/>	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice
<input type="checkbox"/> trousers:	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice	<input type="checkbox"/>	<input type="checkbox"/> WPP	<input type="checkbox"/> apprentice
<input type="checkbox"/> neckerchief:.....	<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			Risk 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)