**RISK ANALYSIS UGent**In implementation of the Royal Decree of 21 September 2004 on the protection of trainees and the Royal Decree of 3 May 1999 on the protection of youngsters at work

**General Data of the Traineeship Provider**

Name:

Address: Street:       Nr:

 Postal code:       Municipality:

 Country:

Tel:       Fax:

Represented by:

Function:

Tel:

E-mail:

**Traineeship Mentor (optional)**

Name:

Function:

Tel:

E-mail:

**Internal Service for Prevention and Protection at Work**

 **Department of Safety**

Prevention advisor:

 Tel:

 **Department of Occupational Health**

 Occupational Health Physician:

 Tel:

**Intake and First Aid**

Information on emergency procedures, first aid etc. is provided at intake [ ]  yes [ ]  no

First aid-station on the work floor [ ]  yes [ ]  no

**Types of Workstation activities**:

1.

2.

3.

1. Night work (20h until 6h): [ ]  yes [ ]  no

2. Shift work: [ ]  yes [ ]  no

3. Supervision: [ ]  always [ ]  most of the time [ ]  sometimes [ ]  never

4. Working on/with a screen: [ ]  no [ ]  less than 4 hours [ ]  4 to 8 hours

5. Working at heights (>2 m): [ ]  yes [ ]  no

6. Nature of the traineeship activities:

A. High rhythm [ ]  yes [ ]  no

B. Repetitive activities [ ]  yes [ ]  no

C. High mental strain [ ]  yes [ ]  no

D. Aggression en emotions [ ]  yes [ ]  no

7. Procedures and activities:

A. Activities (on places where activities are carried out) that can cause severe fires or

 explosions. [ ]  yes [ ]  no

If so: 1. Production, use, distribution with the intend to use, storage and

transportation of explosives or projectiles, detonators or objects

that contain explosives [ ]

 2. Working with machinery meant for the production, storage or filling of

reservoirs with inflammable liquids and compressed gases, liquefied

or dissolved gases [ ]

 3. Other:

 B. Operating machinery. [ ]  yes [ ]  no

If so, what kind: 1.

 2.

 3.

C. Operating vehicles. [ ]  yes [ ]  no

 If so, what kind: 1. Service car -delivery van. [ ]

 If so: Transportation of people [ ]

2. Excavators. [ ]

 3. Machinery for driving piles. [ ]

4. Operating cranes and guiding their drivers with signals [ ]

5. Other:

D. Construction related activities. [ ]  yes [ ]  no

If so: 1. Ground and buttress works at excavations of more than two

 meters deep where the width at half depth is smaller than the depth;

Activities with risk of collapse. [ ]

2. Other:

E. Activities in rooms for post-mortem examination services. [ ]  yes [ ]  no

F. Activities at locations where animals are slaughtered or carcases processed.

[ ]  yes [ ]  no

G. Activities with wild or poisonous animals. [ ]  yes [ ]  no

H. Procedures and activities as intended in annex II of the Royal Decree of 2 December 1993 on the protection of employees against the risk of contact with carcinogenic agents at work. [ ]  yes [ ]  no

 I. Activities related to chemotherapeutical applications. [ ]  yes [ ]  no

J. Activities in rooms or at construction sites where asbestos fibres can be remobilised. [ ]  yes [ ]  no

K. Activities at places where there is a risk of contact with hydrocyanic acid or any substance that can create this acid. [ ]  yes [ ]  no

8. Contact with chemical agents (dust, gases, vapours …)[ ]  yes [ ]  no

If so, what kind: 1.

2.

3.

4.

 Working at or with tubs, basins, reservoirs or flasks that contain chemical agents.

[ ]  yes [ ]  no

9. Contact with biological agents (contamination risk). [ ]  yes [ ]  no

 If so: Human agents [ ]

Animal agents [ ]

Other agents [ ]  If so, what kind:

Needle risk [ ]  Contact with excrements [ ]

Close saliva contact [ ]  Other:

Contact with blood [ ]

Contact with urine [ ]

10. Contact with special groups. [ ]  yes [ ]  no

If so, what type:

[ ]  Ill persons [ ]  Hospitals [ ]  Disabled

[ ]  Nursing homes [ ]  Psychiatric ward [ ]  Elderly people

[ ]  Children < 3 year [ ]  Children < 6 year [ ]  Children < 12 year

 [ ]  (Ex-)Prisoners [ ]  Asylum seekers and persons treated as such

[ ]  Homeless/Underprivileged [ ]  Animals

[ ]  (Ex-)Addicts (drugs, alcohol, medication) [ ]  Other:

11. Contact with physical agents. [ ]  yes [ ]  no

If so: A. Falling of heights or ground floor [ ]

B. Falling objects [ ]

C. Heavy lifting [ ]

If so, description:

+/- Volume of:       / +/- Weight:      (kg) / Frequency:

D. Noise >80dB (A) [ ]

E. Sharp objects [ ]

F. Machinery:       [ ]

G. Working in an environment that is over pressured /under pressured [ ]

 If so: Labour in a pneumatic caisson and in overpressure. [ ]

H. Vibrations [ ]

I. Ionising or radioactive rays [ ]

J. Non-ionising rays, such as radio waves, microwaves, IR, UV and laser radiation [ ]

K. Electrical risks [ ]

L. Humidity:       [ ]

 M. Warmth (climate):       [ ]

N. Cold (climate):       [ ]

O. Heat (burns):       [ ]

 If so: risk of spattering [ ]

P. Other:

12. Increased risk activities. [ ]  yes [ ]  no

If so: A. Activities requiring specific training [ ]

If so:

B. Activities requiring permits [ ]

If so, what kind:

C. Activities with heightened vigilance [ ]

D. Other:

13. Foodstuff-related activities. [ ]  yes [ ]  no

If so, what kind: 1.

 2.

14. Traineeship provider requirements for the trainee [ ]  yes [ ]  no

If so, what type:

Requirements Description

A. No fear of heights [ ]  steep stairs/high work/

platforms/towers

B. Agility [ ]  narrow passages,

limited space

C. Extensive physical strength and

 endurance [ ]  prolonged standing activities

D. Secluded work [ ]

E. Driver’s license type:      [ ]

F. First aid training [ ]

G. Smoking prohibitions [ ]  General rule

H. Eating prohibition during activities [ ]  General rule

I. Other:

15. Work apparel and personal protection means (PPM). [ ]  yes [ ]  no

If so, what kind:

Indicate which PPM’s apply and add who’s responsible:Traineeship provider or trainee

A. Blouse:       [ ]

B. Overall:       [ ]

C. Appropriate headgear:       [ ]

D. Apron:       [ ]

E. Trousers:       [ ]

F. Scarf:       [ ]

G. Appropriate gloves:       [ ]

H. Appropriate shoes:       [ ]

I. Safety Goggles:       [ ]

J. Hearing protection:       [ ]

K. Facial protection:       [ ]

L. Breathing protection:       [ ]  Traineeship provider

M. Safety armour:       [ ]  Traineeship provider

N. Thermal protection:       [ ]  Traineeship provider

O. Other:       [ ]  Traineeship provider

16. Other. [ ]  yes [ ]  no

If so:

A.

B.

17. Medical aspects

(on advice of the occupational health physician of the traineeship provider!).

Inoculation-test: [ ]  tetanus [ ]  hepatitis A [ ]  hepatitis B [ ]  tuberculosis

 [ ]  other:

Special measures in case of pregnancy [ ]  yes [ ]  no

 If so, what kind:

Appropriate Health assessment:

[ ]  Not required

[ ]  Required because of:

Specific Health assessment:

[ ]  Not required

[ ]  Required because of age (<18j)

[ ]  Required because of night work

[ ]  Required because of a specific risk:

Name and signature of the traineeship provider

Date: