**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: