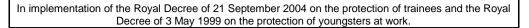
## A R T

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## Work station file for trainees





Part 1 of the work station file (A and B) must be filled out in advance for each traineeship (not for each trainee). For similar traineeships, a copy of part 1 can be used, the work station file can be personalized by filling out part 2 and having all parties concerned sign the file.

Name company:	HE TRAINEESHIP PROVIDER							
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Address:		Telephone:						
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company:	nt for prevention and protection at v	ork (EDPPW) or t	ne maustr	iai medicine	departii	ient of the		
Tel. EDPPW:								
Educational institution:	Iniversiteit Gent							
Study programme offerin								
Description work station /	activity							
Work station:								
	e completion of the traineeship:							
Task description: Prevention measures to b	ne annlied:							
Risk-potential activities	ле аррпеч.							
	poisonous carcinogenous	psychologica	al					
mutagenous 🗆 t	infrared-rays							
others:				ultraviolet-rays				
biological agents, de	eliberate exposure:	operating dangerous machinery						
□ class 2 □ class	□class 2 □class 3 specify:			lasers				
contact with blood,	contact with blood, bodily fluids or other biological			noise				
material of human of	shift work							
activities around ani		isolated work						
☐ ionizing rays: ☐ iso		☐ younger than 18						
	contact with dust or powder			night work				
object lifting		operating computers						
physical		other:						
Risk function								
security function		forklift driver						
food-related activity		other:						
function with heighte								
Personal protection mean				□ h alaa a4				
safety shoes	goggles	rain apparel		helmet		∐ coat		
gloves	respiratory protection		rei	other:				
HEALTH INSPECTION (TO	O BE FILLED OUT BY THE PREVEN Address:		CCUPATION phone:	ONAL HEAL	TH PHYS	ICIAN)		
Prevention advisor-occup		reie	pnone.					
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