

Work station file for trainees

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.



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.

Part 2 of the work station file is filled out at the beginning of each traineeship. **Signing** occurs at the beginning of each traineeship.

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A TO BE FILLED OUT BY THE TRAINEESHIP PROVIDER

Name company: Address:	Company number: Telephone:
Name department head: Name external department for prevention and protection at work (EDPPW) or the industrial medicine department of the company: Tel. EDPPW: Educational institution: Universiteit Gent Study programme offering the traineeship:	

Description work station / activity

Work station: Required training for safe completion of the traineeship: Task description: Prevention measures to be applied:

Risk-potential activities

<input type="checkbox"/> chemical agents <input type="checkbox"/> mutagenous <input type="checkbox"/> teratogenous <input type="checkbox"/> others: <input type="checkbox"/> biological agents, deliberate exposure: <input type="checkbox"/> class 2 <input type="checkbox"/> class 3 specify: <input type="checkbox"/> contact with blood, bodily fluids or other biological material of human origin <input type="checkbox"/> activities around animals <input type="checkbox"/> ionizing rays: <input type="checkbox"/> isotopes <input type="checkbox"/> X-rays <input type="checkbox"/> contact with dust or powder <input type="checkbox"/> object lifting <input type="checkbox"/> physical	<input type="checkbox"/> poisonous <input type="checkbox"/> carcinogenous <input type="checkbox"/> psychological <input type="checkbox"/> infrared-rays <input type="checkbox"/> ultraviolet-rays <input type="checkbox"/> operating dangerous machinery <input type="checkbox"/> lasers <input type="checkbox"/> noise <input type="checkbox"/> shift work <input type="checkbox"/> isolated work <input type="checkbox"/> younger than 18 <input type="checkbox"/> night work <input type="checkbox"/> operating computers <input type="checkbox"/> other:
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Risk function

<input type="checkbox"/> security function	<input type="checkbox"/> forklift driver
<input type="checkbox"/> food-related activity	<input type="checkbox"/> other:
<input type="checkbox"/> function with heightened vigilance	

Personal protection means for the trainee

<input type="checkbox"/> safety shoes	<input type="checkbox"/> goggles	<input type="checkbox"/> rain apparel	<input type="checkbox"/> helmet	<input type="checkbox"/> coat
<input type="checkbox"/> gloves	<input type="checkbox"/> respiratory protection	<input type="checkbox"/> winter apparel	<input type="checkbox"/> other:	

B HEALTH INSPECTION (TO BE FILLED OUT BY THE PREVENTION ADVISOR-OCCUPATIONAL HEALTH PHYSICIAN)

EDPPW: Prevention advisor-occupational health physician:	Address: Telephone:
<input type="checkbox"/> health supervision unnecessary <input type="checkbox"/> adequate health supervision <input type="checkbox"/> specific health supervision <input type="checkbox"/> inoculations required: <input type="checkbox"/> tetanus <input type="checkbox"/> hepatitis B <input type="checkbox"/> tuberculin test <input type="checkbox"/> other: <input type="checkbox"/> Prevention measures on pregnancy protection	

TO BE FILLED OUT BY THE TRAINEE

Name trainee: Enrolment number: Address trainee: Telephone: Email-address trainee : Start date traineeship:	Date of birth:	National Register number:
End date traineeship:		
Has the trainee undergone a prior health assessment? <input type="checkbox"/> yes, date : <input type="checkbox"/> no		

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NAME AND SIGNATURE

Name and signature department head of traineeship site	Name and signature trainee supervisor at traineeship site	Name and signature trainee	Visum DMT Ugent
Date:	Date:	Date:	Date: