



MAN JOB SPEC - OCCUPATIONAL RISK PROFILE

Employee Job Specifications, Medical Surveillance and PPE

Company Details:

Company Name: _____

Employee Name: _____

Department: _____ Job Title/ Position: _____

Work Environment	% of Time	Type Of Work Duties	% of Time
Office/ Administrative		Administrative/ Clerical/ Professional	
Factory		Commercial work: Buying/ Selling	
Workshop		Manual handling Machinery/ Equipment	
Working outside		Supervision/ Inspection	
Warehouse / Store		Other: Specify	
Driver: Specify type of vehicle			
Other: Specify			

Man/ Job Requirements (tick relevant box)	Nil	Low	Medium	High
1. Physical Exposures				
Vibration				
Noise				





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Moving machinery/ parts				
Heights				
Extreme temperatures: cold/ heat				
Confined spaces				
Welding Flash/ UV Light				
2. Chemical Exposures (Gasses / Fumes / Vapours / Mists)				
Dust				
Irritants to skin (e.g. solvents, degreasers)				
Sensitisers (Epoxy resins/ adhesives/ paints)				
Nervous Systems - narcotic Effects				
Systemic Effects				
3. Ergonomic Demands				
Use of both hands				
Reaching below shoulder height				
Lifting and carrying (max 25 kg)				
Pushing and pulling				
Working in cramped conditions				
Squatting/ Kneeling/ Crawling				





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Bending				
Climbing and balancing				
Prolonged seating > 2 hrs at a time				
Prolonged standing > 2 hrs at a time				
Walking > 2 hrs at a time				
Work at computer				
Operating tools/ displays/ Controls				
Repetitive strain injuries: Shoulders 3x / min				
Elbow 10 x / min				
Wrist 10 x / min				
Fingers 200x / min				
4. Psychological Exposures				
Shift work				
5. Senses Required				
Good visual acuity: Far				
Good visual acuity: Near				
Vision Field				
Colour Distinction				





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Hearing				
Communication: Words/ symbols				

Disqualifying Medical Disorders (tick relevant box)		Medical Surveillance (tick relevant box)	
	Disqualify	Initial Health Evaluation	Necessary
Drug/ Alcohol Abuse, Dependency		Physical	
Abnormal colour vision		Vision	
Epilepsy		Audiometry	
Pregnancy		Lung Function Test	
		X Rays	
		Biological Monitoring	Necessary
		Blood	
		Urine	
		Exit health Evaluation	

Personal Protective Equipment (tick relevant box)	
Face shield/ goggles	Necessary





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Hearing protection	
Safety shoes	
Respirator	
Apron	
Overall	
Dust coat	
Gloves	
Skin protection	
Hard hat	

Signatures:

Completed by: _____

Signature: _____

Date: _____

Checked by: _____

Signature: _____

Date: _____

Employee: _____

Signature: _____

Date: _____

