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|  | Occupational Health Service Person Job Specification | Document Identifier | |
| | | Document Type | |
| | | Revision | |
| | | Authorisation Date | |
| | | Review Date | |
| | | Page Number | Page 1 of 2 |
| THE PERSON JOB IS TO COMPLY WITH: * THE OCCUPATION HEALTH AND SAFETY ACT 85 OF 1993 * 16 HOURS AWAY FROM NOISE BEFORE DOING MEDICAL * COMPENSATION OF OCCUPATIONAL INJURIES AND DISEASES ACT 130 OF 1993 * THE MINE HEALTH AND SAFETY ACT 29 OF 1996 * HEALTH AND WELLNESS POLICY | | | |
| INSTRUCTIONS | | | |
| <ul style="list-style-type: none">This form is to be completed by the manager assigned duties of term of the Occupational Health and Safety Act for each individual employee, or collectively where hazards are common to a group of employees or to a work exposure categoryThis form is to be updated at each of the following instances:<ul style="list-style-type: none">This document forms the basis for compiling an employees's occupational risk exposure profile and it is to be included in the employee's personal medical record for the prescribed period.Prior to a pre-placement or periodic medical examination or whenever Health Risk Assessment (HIRA) changes.After any changes of an employee's environment activities.After any changes of an employee's health status. | | | |
| EMPLOYEE'S NAME & SURNAME | | COMPANY NAME | DATE |
| | | | |
| DESIGNATION | WORKPLACE | GROUP/SECTION | UNIT/ DEPARTMENT |
| | | | |
| SHORT DESCRIPTION OF KEY PERFORMANCE AREAS AND CRITICAL TASKS (As per job description) | | | % TIME |
| | | | |
| LIST IDENTIFIED HAZARDS AND POTENTIAL OCCUPATIONAL EXPOSURE LIMITS (As per risk assessment) | | MEASURED EXPOSURE LEVEL (As per HIRA) | OEL'S (As per OHS Act) |
| | | | |

| WORK ENVIRONMENT AND ACTIVITY HAZARDS (Tick with X) | | | | |
|--|-----------------------------------|----------------------------------|--|--|
| PHYSICAL HAZARDS | | RADIATION | | |
| 1. Thermal Environment | HOT <input type="checkbox"/> | COLD <input type="checkbox"/> | 1. Ionising <5mSV <input type="checkbox"/> | >5mSV <input type="checkbox"/> |
| 2. Noise | 85-105db <input type="checkbox"/> | >1058db <input type="checkbox"/> | 2. Non Ionising | <input type="checkbox"/> |
| 3. Vibration | | | - Ultraviolet | <input type="checkbox"/> |
| 4. Illumination | | | - EMF | <input type="checkbox"/> |
| 5. Electrical Contact | | | 3. Other (specify): _____ | <input type="checkbox"/> |
| 6. DIRECT PHYSICAL/ERGONOMIC STRESSORS | | CHEMICAL | | |
| - Rough Terrain | | | 1. Hazardous Chemical Substances | <input type="checkbox"/> |
| - Repetitive Strain | | | 2. Hazardous Biological Substances | <input type="checkbox"/> |
| - Strenuous Physical Work | | | PSYCHO-SOCIAL STRESSORS | |
| - Climbing | | | 1. Shift Work | <input type="checkbox"/> |
| - Driving/Traveling | | | 2. Mental Awareness | <input type="checkbox"/> |
| - Heights | | | 3. Extended Period Away From Home | <input type="checkbox"/> |
| - Crouched Position | | | 4. Other (specify): _____ | <input type="checkbox"/> |
| - Slips, Trips and Falls | | | | |
| REQUIRED PHYSICAL ATTRIBUTES (Please fill in 1, 2 or 3 in boxes below. <u>DO NOT TICK</u>) | | | | |
| ESSENTIAL (3) | | IMPORTANT (2) | | NOT IMPORTANT (1) |
| 1. Hearing | <input type="checkbox"/> | 9. Stamina | <input type="checkbox"/> | |
| 2. Visual Activity | <input type="checkbox"/> | 10. Mobility/Agility | <input type="checkbox"/> | |
| 3. Colour Vision | <input type="checkbox"/> | 11. Working on Heights | <input type="checkbox"/> | |
| 4. Depth Perception | <input type="checkbox"/> | 12. Working in Confined Spaces | <input type="checkbox"/> | |
| 5. Eye/Hand/Feet Co-Ordination | <input type="checkbox"/> | 13. Clear Speech | <input type="checkbox"/> | |
| 6. Fine Motor Skills | <input type="checkbox"/> | 14. Communication Skills | <input type="checkbox"/> | |
| 7. Balance | <input type="checkbox"/> | 15. Other (specify): _____ | <input type="checkbox"/> | |
| 8. Physical Strength | <input type="checkbox"/> | | | |
| PERSONAL EQUIPMENT REQUIRED FOR JOB (Tick with X) | | | | |
| 1. Hard Hat | <input type="checkbox"/> | 8. Rain Wear | <input type="checkbox"/> | |
| 2. Respirator | <input type="checkbox"/> | 9. Apron Spats | <input type="checkbox"/> | |
| 3. Hearing Protection | <input type="checkbox"/> | 10. Face Shield | <input type="checkbox"/> | |
| 4. Safety Boots, Safety Glasses | <input type="checkbox"/> | 11. SCBA | <input type="checkbox"/> | |
| 5. Overall | <input type="checkbox"/> | 12. Gloves | <input type="checkbox"/> | |
| 6. Safety Harness | <input type="checkbox"/> | 13. Other (specify): _____ | <input type="checkbox"/> | |
| 7. Dust Mask | <input type="checkbox"/> | | | |
| | Assigned Manager | Safety Risk Manager | Employee | OMP Practitioner |
| Name & Surname (in Print) | | | | Dr. AC Bassa /Dr. MS Tayob Dr.GJ Bronkhorst |
| Signature | | | | |
| Date | | | | |