

	<b>Occupational Health Services Person Job Specification</b>	<b>Document Identifier</b>	<b>240-58314417</b>	<b>Rev</b>	<b>10</b>
		<b>Effective Date</b>	<b>February 2022</b>		
		<b>Review Date</b>	<b>February 2025</b>		

INSTRUCTIONS			
<ul style="list-style-type: none"> <li>This form to be completed by the manager assigned duties in terms of the Occupational Health and Safety Act for each individual worker, or collectively where hazards are common to a group of workers or to a work exposure category.</li> <li>This form to be updated at each of the following instances: <ul style="list-style-type: none"> <li>Prior to a pre-placement or periodic medical examination or whenever Health Risk Assessment (HRA and/or Occupational hygiene surveys/measurements) changes</li> <li>After any change of a worker's environment or activities</li> <li>After any change in the worker's health status</li> </ul> </li> <li>This document forms the basis for compiling a worker's occupational risk exposure profile and is to be included in the worker's personal medical record for the prescribed period.</li> <li>Occupational hazards/environmental stressors: <ul style="list-style-type: none"> <li>Where the hazards do not have stipulated standards/OELs/BEIs, the "measured exposure levels and standard OEL/BEIs" must be indicated as "Not applicable".</li> <li>Where Occupational Hygiene measurements are not required, it must be indicated as "Not required".</li> <li>Where Occupational Hygiene measurements are required but not conducted, it must be indicated as "Not conducted".</li> <li>Greyed out areas must not be completed.</li> <li>Where an employee is not exposed to a hazard, Risk rating (H/M/L) must not be marked.</li> </ul> </li> </ul>			
NAME		UNIQUE NO	DATE COMPLETED
DESIGNATION	WORKPLACE	DIVISION	DEPARTMENT
SHORT DESCRIPTION OF KEY PERFORMANCE AREAS AND CRITICAL TASKS (As per job description)			% TIME

**WORK ENVIRONMENT AND ACTIVITY HAZARDS (Indicate with Yes/No)**

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LIST IDENTIFIED HAZARDS (As per Health Risk Assessment)	EXPOSED Yes/No	RISK RATING AS PER HIRA High = H Medium = M Low = L (Please mark with X)			EXPOSURES TIME Frequency and duration of exposure	MEASURED EXPOSURE LEVELS (As per Occupational Hygiene Surveys)	STANDARD/OELs or BEIs (See applicable table as per OHS Act (1, 2 or 3)) Note: Where applicable apply defined action levels
		H	M	L			
<b>1. Physical agents</b>							
- Exposure to noise above 85dB(A)							
- Exposure to ionizing radiation							
- Exposure to thermal environment (Hot)							
- Exposure to thermal environment (Cold)							
- Illumination							
- Indoor Air Quality							
- Exposure to vibration (Indicate whether it is vibrating tools (hand-arm vibration) or vibrating platforms (whole-body vibration))							
<b>2. Hazardous Chemical Agents</b> (indicate names and whether they are skin and/or respiratory sensitizers)							
- Exposure to crystalline silica dust							
- Exposure to welding fumes (Indicate fumes of concern)							
- Exposure to fly ash							
- Exposure to coal dust							
- Exposure to regulated asbestos fibres							
- Exposure to lead							
- <u>Add additional Hazardous Chemical Agents where not listed above</u>							
<b>3. Exposure to Hazardous Biological Agents</b> (indicate names of viruses, bacteria, fungi, etc)							
Possibility of Legionella and/ or SARS-COV-02 exposure							
<b>4. Ergonomic stressors</b>							
- Use of driven machinery (indicate names)							
- Awkward or strenuous climbing							

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		H	M	L			
- Strenuous physical work (Strenuous physical work is something done with increased physical energy or force, may include repetitive work, localised pressure exertions)							
- Computer work							
- Posture: <b>Sitting</b> ; Standing; Bending (Specify)							
- Walking: Even terrain; uneven terrain (Specify typical working environments in relation to work-activities and fitness for duty required)							
<b>5. Psychosocial stressors</b>							
- Shift work (especially between 23:00 and 06:00 hours inclusive)							
- Extended period away from home (≤ 2 weeks)							
<b>6. Other hazards</b>							
- Exposure to non-ionizing radiation (exposure to sunlight)							
- Live-line work							
- Electrical contact	No						
- Driving	Yes			x	Infrequent & short to medium duration, e.g. 1- 2 hours at a time (max)		
- Working in confined spaces	No						
- Working at heights	No						
- Animal and insect bites (Specify)	No						
- Add additional/other hazards not listed above							
<b>7. Handling of food</b>							
	No						

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REQUIRED PHYSICAL ATTRIBUTES (3) ESSENTIAL (2) IMPORTANT (1) NOT IMPORTANT					
1. Hearing	<input type="text" value="2"/>	10. Stamina	<input type="text" value="2"/>		
2. Visual Activity	<input type="text" value="2"/>	11. Mobility/Agility	<input type="text" value="2"/>		
3. Colour Vision	<input type="text" value="2"/>	12. Heat Tolerance	<input type="text" value="1"/>		
4. Depth Perception	<input type="text" value="3"/>	13. No fear of Heights	<input type="text" value="1"/>		
5. Eye/Hand/Feet Co-ordination	<input type="text" value="2"/>	14. No fear of Confined Spaces	<input type="text" value="1"/>		
6. Fine Motor Skills	<input type="text" value="1"/>	15. Clear Speech	<input type="text" value="3"/>		
7. Balance	<input type="text" value="1"/>	16. Communication Skills	<input type="text" value="3"/>		
8. Physical Strength	<input type="text" value="1"/>	17. Other (specify) _____	<input type="text"/>		
9. Mental alertness	<input type="text" value="2"/>		<input type="text"/>		

PERSONAL PROTECTIVE EQUIPMENT REQUIRED FOR JOB (Please tick with X)					
1. Hard Hat with a Chin Strap	<input checked="" type="checkbox"/>	11. Face Shield	<input type="checkbox"/>		
2. Respirator	<input checked="" type="checkbox"/>	12. Self-contained Breathing Apparatus (SCBA)	<input type="checkbox"/>		
3. Hearing Protection	<input checked="" type="checkbox"/>	13. Fire specific PPE:	<input type="checkbox"/>		
4. Safety Boots	<input checked="" type="checkbox"/>	13.1 Fire Helmet	<input type="checkbox"/>		
5. Safety Goggles	<input checked="" type="checkbox"/>	13.2 Rescue Helmet	<input type="checkbox"/>		
6. Dust Mask	<input checked="" type="checkbox"/>	13.3 Bunker Coat	<input type="checkbox"/>		
7. Overall	<input checked="" type="checkbox"/>	13.4 Bunker Trousers	<input type="checkbox"/>		
8. Rainwear	<input type="checkbox"/>	13.5 Rescue Overall (flight suit)	<input type="checkbox"/>		
9. Apron Spats	<input type="checkbox"/>	13.6 Breathing Mask (BA)	<input type="checkbox"/>		
10. Safety Harness	<input type="checkbox"/>	14. Safety Gloves	<input type="checkbox"/>		
	<input type="checkbox"/>	15. Other PPE (specify) _____	<input type="checkbox"/>		

I, THE RESPONSIBLE MANAGER, IN CONSULTATION WITH OCCUPATIONAL HYGIENE OR SAFETY PRACTITIONER/ MANAGER, DECLARE THAT THE INFORMATION PROVIDED ON THIS PESON JOB SPECIFICATION IS TO THE BEST OF MY KNOWLEDGE CORRECT, APPLICABLE AND RELEVANT TO THE WORK ENVIRONMNET, ACTIVITIES AND HAZARDS OF THE APPLICABLE EMPLOYEE.

	RESPONSIBLE MANAGER	EMPLOYEE	OCCUPATIONAL HYGIENE OR SAFETY PRACTITIONER/ MANAGER	OCCUPATIONAL HEALTH PRACTITIONER
NAME (PLEASE PRINT)	Miranda Moahlodi	Hannes Botha		
SIGNATURE				
DATE		03 April 2023		

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