

## RISK ANALYSIS FOR UNAMUR TRAINEES

**DOCUMENT TO BE FILLED IN BY THE COMPANY/INSTITUTION HOSTING THE TRAINEE, IF AND ONLY IF THE COMPANY/INSTITUTION DOES NOT HAVE AN INTERNAL PROCEDURE FOR IDENTIFYING RISKS AND MONITORING THE ASSOCIATED HEALTH ISSUES (JOB SHEET). OTHERWISE, THE COMPANY/INSTITUTION'S DOCUMENT MUST BE USED AND ATTACHED TO THE TRAINEE AGREEMENT**

### SECTION A – General company or institution data and trainee activities

#### General company or institution data

Name of the company: [Click to enter text](#) Address: [Click to enter text](#)  
 Name of the person in charge: [Click to enter text](#) Cell Phone: [Click to enter text](#) E-mail: [Click to enter text](#)

#### Types of activity

Activities	Equipment, products, devices used	Main Tasks
<input type="checkbox"/> Administrative activities*	<a href="#">Click to enter text</a>	<a href="#">Click to enter text</a>
<input type="checkbox"/> Laboratory	<a href="#">Click to enter text</a>	<a href="#">Click to enter text</a>
<input type="checkbox"/> Outdoor activities	<a href="#">Click to enter text</a>	<a href="#">Click to enter text</a>
<input type="checkbox"/> Other (please specify):	<a href="#">Click to enter text</a>	<a href="#">Click to enter text</a>

**If the type of activity is only of "administrative type" (i.e. work or research activities that takes place in an office and/or library, for example), sections B, C and D should not be completed as the trainee will not be submitted to mandatory occupational health. Sections E and signatures must be completed.**

### Section B – Health risks of the activity (To be completed by the host company or institution)

#### Health risks

- |   |  |
|---|--|
| 1. Associated with the <u>use</u> : <ul style="list-style-type: none"> <li>• of chemical substances including CMR (ex: acrylamide, intercalants, ...), asbestos, nanoparticles<br/>If so, specify: <a href="#">Click to enter text</a></li> <li>• of biological agents (pathogenic, blood/human or animal biopsies)<br/>If so, specify: <a href="#">Click to enter text</a></li> <li>• or radioactive substances</li> </ul> | <input type="checkbox"/> yes <input type="checkbox"/> no<br><br><input type="checkbox"/> yes <input type="checkbox"/> no<br><br><input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. Associated with the <u>accidental exposure</u> : <ul style="list-style-type: none"> <li>• to chemical substances including CMR (ex: acrylamide, intercalants ...), asbestos, nanoparticles</li> <li>• to biological agents (pathogenic, blood/human or animal biopsies)</li> <li>• or radioactive substances</li> </ul>  | <input type="checkbox"/> yes <input type="checkbox"/> no<br><br><input type="checkbox"/> yes <input type="checkbox"/> no<br><br><input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Associated with handling/contact with animals  | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| 4. Associated with physical agents<br>If so, specify: noise (80 to 83 dB) - vibrations - electromagnetic fields - lasers - wood dust - other: <a href="#">Click to enter text</a>   | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| 5. Ergonomic hazards<br>If so, specify: handling - controlling agricultural or industrial machines - screen displays - uncomfortable work position (standing, inclined...) - other: <a href="#">Click to enter text</a>   | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| 6. Psychosocial<br>If so, specify: isolated work - shift work (even occasional) - travel abroad – other: <a href="#">Click to enter text</a>  | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| 7. Associated with food transformation  | <input type="checkbox"/> yes <input type="checkbox"/> no   |

**Safety risks**

- |  |  |
|--|--|
| 8. Electrical risks  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 9. Risks related to working at height  | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 10. Security requirements<br>If so, specify: <u>regular</u> operation of machines or vehicles as part of the work - use of equipment which presents increased risk for other people or third parties                                   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 11. Surveillance role<br>= Person assigned to a piece of equipment/installation and whose principal mission is to ensure the safety of others (active monitoring and ability to act quickly and effectively on the cause of the risk). | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 12. Night work   | <input type="checkbox"/> yes <input type="checkbox"/> no |

**SECTION C - Individual protection equipment/protective clothing**

- |  |  |
|--|--|
| <input type="checkbox"/> Laboratory coat<br><input type="checkbox"/> cotton <input type="checkbox"/> polyester<br><input type="checkbox"/> Respiratory protection<br><input type="checkbox"/> FFP1 <input type="checkbox"/> FFP2 <input type="checkbox"/> FFP3 <input type="checkbox"/> mask with cartridge<br><input type="checkbox"/> self-contained<br><input type="checkbox"/> Protective glasses/shield<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> nitrile <input type="checkbox"/> powder-free <input type="checkbox"/> latex (only if it is a medical requirement)<br><input type="checkbox"/> Specific equipment: <a href="#">Click to enter text</a><br><input type="checkbox"/> Other: <a href="#">Click to enter text</a> | <input type="checkbox"/> Vest<br><input type="checkbox"/> high visibility <input type="checkbox"/> impermeable <input type="checkbox"/> fireproof<br><input type="checkbox"/> Trousers<br><input type="checkbox"/> Protective helmets<br><input type="checkbox"/> Protective footwear<br><input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3<br><input type="checkbox"/> Hearing protection: reduction ratio: <a href="#">Number</a> dB<br><input type="checkbox"/> Safety harness and accessories |
|--|--|

**SECTION D – Occupational health**

- On the basis of analysis of the work, medical check-up required:  yes  no
- Vaccination recommended as part of the function:  yes  no; if yes: [Choose an item](#)
- Particular risk(s):  yes  no; if yes: [possible allergies or affections + particularity of the function.](#)
- Submission category based on frequency of exposure and main risk profile: [Choose an item](#)

**SECTION E - Measures for accident prevention and worker protection**

- Name of direct supervisor/sponsor: [Click to enter text](#)
- Orientation training by the host company or institution (name of trainer and date): [Click to enter text](#)
- Training on emergency procedures (fire...) (name of trainer and date): [Click to enter text](#)
- Participation in a training scheme proposed by UNamur: (Biosafety, Animal welfare...): [Click to enter text](#)

**Important note on the responsibility of the signatories of this job description**

Any change in the trainee/worker/fellow/temporary employee's job requires the supervisor to re-issue a new job description considering the new risks associated with the change of job.

Updating this job description is essential in order to determine adequate preventive measures for the management of work accidents and/or occupational diseases.

1 - Trainee	2 - Trainee's educational institution - UNamur
<p><b>FAMILY NAME:</b> <a href="#">Click to enter text</a></p> <p><b>FIRST NAME:</b> <a href="#">Click to enter text</a></p> <p>DATE: <a href="#">Enter date</a></p> <p>SIGNATURE:</p>	<p style="text-align: center;"><b>Prevention advisor</b></p> <p><b>FAMILY NAME:</b> <a href="#">Click to enter text</a></p> <p><b>FIRST NAME:</b> <a href="#">Click to enter text</a></p> <p>JOB FUNCTION: <a href="#">Click to enter text</a></p> <p>DATE: <a href="#">Enter date</a></p> <p>SIGNATURE:</p>
3 – Host organization	
<p><b>Head of the company or institution /Director/ Trainee's supervisor</b></p> <p><b>FAMILY NAME:</b> <a href="#">Click to enter text.</a></p> <p><b>FIRST NAME:</b> <a href="#">Click to enter text.</a></p> <p>JOB FUNCTION: <a href="#">Click to enter tex.</a></p> <p>DATE: <a href="#">Enter date</a></p> <p>SIGNATURE:</p>	<p><b>Trainee's Sponsor (if different from Trainee's supervisor)</b></p> <p><b>FAMILY NAME:</b> <a href="#">Click to enter text</a></p> <p><b>FIRST NAME:</b> <a href="#">Click to enter text</a></p> <p>DATE: <a href="#">Enter date</a></p> <p>SIGNATURE :</p>