|  |  |
| --- | --- |
| TW Sheet – ID No: | Company No/Internal No/Issue date//Codes |
|  | (Company No1) (Internal No) (Issue date2) (Codes3) |

Temporary Workstation Sheet



Section A: To be completed by the user undertaking

|  |  |
| --- | --- |
| Company No1: | 0XXXXXXXXX |

# General Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: | | |  | | | | | |
| Address: |  | | | | | | | |
| Contact name: | |  | | Tel.: |  | | E-mail: |  |
| External Service for Prevention and Protection at Work: | | | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Internal No: | Internal No | Issue Date2: | Date |

# Position or Job characteristics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Job to be performed: | |  | | | | |
| Tasks to be carried out: | | | |  | | |
| Required qualifications and occupational conditions: | | | | | |  |
| Position location: |  | | | | | |
| Work equipment to be used: | | | | |  | |
| Advance instructions: | | |  | | | |
| Training to be provided: | | | |  | | |

Student employee permitted

# Work clothing and personal protection equipment (+ indicate protection type)

|  |  |  |
| --- | --- | --- |
| Coat: | Hearing protection: | Safety belt / Harness: |
| Dustcoat: | Helmet: | Safety shoes: |
| Goggles / Safety screen: | Mask: | Trousers / overalls: |
| Gloves / Mittens: | Ointments: | Other: |

# Maternity protection measures Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Pregnant employee | Job adjustment: |  | |
| Discharge from: |  | |
| Breastfeeding employee | Job adjustment: |  | |
| Discharge for a period of: | |  |

# Advice data

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Advice date: |  | Committee PPW | Trade Union representation | | | Direct employee participation |
| Prevention advisor – occupational physician advice date: | | | | |  | |
| Prevention advisor – internal department advice date: | | | |  | | |

# Mandatory health surveillance Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Specific Health Risks | | Codes4 | YES |
| Workstation / Position | Safety function  Position with increased vigilance  Young workers (under 18)  Night work  Shift work  Weekend work | | 1  2  5  2024  2025  2027 |  |
| Ergonomics | Load handling / Monotonous and repetitive work | 2022 / 2023 |  |
| Biological agents  Vaccinations / test | Tetanus  Tuberculosis  Hepatitis B | | 1312  1311  1321 |  |
| Physical agents | Whole Body vibrations | | 1207 |  |
| Noise | Between 80dB (A) and 85dB (A)  Between 85dB (A) and 87dB (A)  More than 87dB (A) | 1203  1204  1205 |  |
| Temperature | Cold  Heat | 1213  1214 |  |
| Chemical agents | Electric spot welding | | 112804 |  |
| Other health risks | ……. | | …….. |  |



Section B: To be completed by the temporary work agency

# General information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Temporary worker agency name: | | |  | | | | | |
| Address: |  | | | | | | | |
| Contact name: | |  | | | Tel.: |  | E-mail: |  |
| External Service for Prevention and Protection at Work: | | | |  | | | | |

|  |
| --- |
|  |

# Information – Temporary worker National Register Number:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last name, first name: | | |  | | | | | |
| Birthdate: |  | | | | | Tel.: |  | |
| Completed training: | |  | | | Experience: | | |  |
| Issue date of a copy and communication to the temp: | | | |  | | | | |



Section C: To be completed by the user undertaking - Welcome

To be finalized if the user presents the position sheet as the welcome registration document

# Welcome / Induction completed Yes No

|  |  |
| --- | --- |
| Welcome officer name: | Welcome officer position: |
| Signature: | Welcome period: |