##

|  |  |
| --- | --- |
| Employee name: | Department: |
| Date: | Position: | TNA done by: |
| Major tasks of position  | Training/skills development required? | If yes, identify what training needs exist | How will this be achieved?(e.g. on the job, external training) | When? | Who to organise?Training provider? |
| Y | N |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is the content and scope of these Regulations covered; |
| What are your OSH responsibilities? |
| Are there potential sources of exposure to ergonomic risks? |
| What’s the nature of ergonomic risks? |
| What is the potential risk to health associated with ergonomic risks? |
| What are the control measures that are in place to prevent exposure to ergonomic risks? |
|  Is there a procedure for reporting ergonomic risks to the health and safety representative or employer? |
| Are there any precautions to be taken by an employee to protect himself or herself against ergonomic risks? |
| Does this cover any assessment of exposure, the necessity for medical surveillance and the long-term benefits of undergoing such surveillance? |
| Report Submitted to:Plan:  |
| Employee Signature and date | Head of Department signature and date | OHS Manager Signature and date | Managing Director Signature and date |