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| 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 |
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| 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 | |