|  |  |
| --- | --- |
| 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 functionPosition with increased vigilanceYoung workers (under 18) Night workShift workWeekend work | 125202420252027 | [ ] [ ] [ ] [ ] [ ] [ ]  |
| Ergonomics | Load handling / Monotonous and repetitive work | 2022 / 2023 | [ ]  |
| Biological agentsVaccinations / test | TetanusTuberculosisHepatitis B | 131213111321 | [ ] [ ] [ ]  |
| Physical agents | Whole Body vibrations | 1207 | [ ]  |
| Noise  | Between 80dB (A) and 85dB (A)Between 85dB (A) and 87dB (A)More than 87dB (A) | 120312041205 | [ ] [ ] [ ]  |
| Temperature | ColdHeat | 12131214 | [ ] [ ]  |
| 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:… |