**Risk Analysis**

**for Professional Practices within the framework of IMBRSea (coordinated by Ghent University)**

In implementation of the Royal Decree of 21 September 2004 on the protection of interns and the Royal Decree of 3 May 1999 on the protection of youngsters at work.

## General data of the faculty of Ghent University / IMBRSea

Faculty of Sciences: Department of Biology – Marine Biology Study Programme: IMBRSea Contact person: Dr. Luana Monteiro

E-mail: info@imbrsea.eu

**Academic year:** Click here to enter text.

## General Data of the Professional Practice Provider

Name of institute: Click here to enter text.

Address: Street:Click here to enter text.Nr: Click here to enter text. Postal code:Click here to enter text. Municipality: Click here to enter text. Country: Click here to enter text.

# Tel: Click here to enter text.

Company number\*:Click here to enter text.

\* VAT- or GRLP-number, preceded by a zero

Only for Belgian entities or entities that have a seat in Belgium. (GRLP=Government register for legal persons)

Represented by: Click here to enter text.

Function: Click here to enter text.

# mail:Click here to enter text. Tel: Click here to enter text.

## Intake and First Aid

Information on emergency procedures, first aid etc. is provided at intake   First aid-station on the work floor

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |

## Types of Workstation activities: 1.

2.

3.

4.

5.

6.

1. Night work (20h until 6h):

2. Shift work:

3. Working on/with a screen:

4. Working at heights (> 2 m)

5. Nature of the Professional Practice activities:

|  |  |  |
| --- | --- | --- |
| A. High rhythm |  |  |
| B. Repetitive activities |  |  |
| C. High mental strain |  |  |
| D. Aggression and emotions |  |  |

6. Procedures and activities:

* 1. Activities (on places where activities are carried out) that can cause severe fires or explosions.

If so:

|  |  |
| --- | --- |
| ☐ | Working with machinery meant for the production, storage or filling of reservoirs with inflammable liquids and compressed gases, liquefied or dissolved gases |

|  |  |
| --- | --- |
| ☐ | Other: Click here to enter text. |

* 1. Operating machinery.

If so, what kind: 1. Click here to enter text.

# Click here to enter text.

* + 1. Click here to enter text.
	1. Operating vehicles.

If so, what kind:

|  |  |
| --- | --- |
| ☐ | Service car -delivery van. |
| ☐ | Transportation of people |
| ☐ | Other: Click here to enter text. |

* 1. Activities with wild or poisonous animals.

* 1. Procedures and activities as intended in annex II of the Royal Decree of 2 December 1993 on the protection of employees against the risk of contact with carcinogenic agents at work.

* 1. Other: Click here to enter text.

7. Contact with chemical agents (dust, gases, vapours …)

If so, what kind: 1. Click here to enter text.

# Click here to enter text.

* + 1. Click here to enter text.
		2. Click here to enter text.

Working at or with tubs, basins, reservoirs or flasks that contain chemical agents

8. Contact with biological agents (contamination risk).

If so:

|  |  |
| --- | --- |
| ☐ | Human agents |
| ☐ | Animal agents |
| ☐ | Other agents, if so, what kind: Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Needle risk | ☐ | Contact with urine |
| ☐ | Close saliva contact | ☐ | Contact with excrements |
| ☐ | Contact with blood | ☐ | Other: Click here to enter text. |

9. Contact with physical agents.

If so:

|  |  |
| --- | --- |
| ☐ | A. Falling of heights or ground floor |
| ☐ | B. Falling objects |
| ☐ | C. Heavy liftingIf so, description:+/- Volume of: Click here to enter text.+/- Weight (kg):Click here to enter text.Frequency:Click here to enter text. |
| ☐ | D. Noise >80dB (A) |
| ☐ | E. Sharp objects |
| ☐ | F. Machinery |
| ☐ | G. Humidity |
| ☐ | H. Warmth (climate) |
| ☐ | I. Cold (climate) |
| ☐ | J. Heat (burns) |
| ☐ | K. Radiation |
| ☐ | L. Other: Click here to enter text. |

10. Increased risk activities.

If so:

|  |  |
| --- | --- |
| ☐ | 1. Diving (excl. snorkelling) If so:

Maximum depth: Click here to enter text.Intern provides* 1. Proof of experience in diving
	2. Necessary permits

**Insurance provided by Ghent University only valid for diving for academic purposes** |
| ☐ | B. Activities requiring specific training If so: Click here to enter text. |
| ☐ | C. Activities requiring permitsIf so, what kind: Click here to enter text. |
| ☐ | D. Activities with heightened vigilance |
| ☐ | E. Other: Click here to enter text. |

11. Professional Practice provider requirements for the intern.

|  |  |  |
| --- | --- | --- |
|  | Requirement | Description |
| ☐ | A. No fear of heights | steep stairs/high work platforms/towers |
| ☐ | B. Agility | narrow passages, limited space … |
| ☐ | C. Extensive physical strength and endurance | prolonged standing activities |

|  |  |  |
| --- | --- | --- |
| ☐ | D. Secluded work |  |
| ☐ | E. Drivers license type: Click here to enter text. |
| ☐ | F. First aid training |  |
| ☐ | G. Smoking prohibitions | General rule |
| ☐ | H. Eating prohibition during activities | General rule |
| ☐ | I. Other: Click here to enter text. |  |

12. Work apparel and personal protection means (PPM).

If so, what kind:

|  |  |  |
| --- | --- | --- |
|  | Indicate which PPM’s apply and add possible type and/or specifics | Fill in who’s responsible: Professional Practice provider or intern |
| ☐ | A. Blouse: Click here to enter text. | Click here to enter text. |
| ☐ | B. Overall: Click here to enter text. | Click here to enter text. |
| ☐ | C. Appropriate headgear: Click here to enter text. | Click here to enter text. |
| ☐ | D. Apron: Click here to enter text. | Click here to enter text. |
| ☐ | E. Trousers: Click here to enter text. | Click here to enter text. |
| ☐ | F. Scarf: Click here to enter text. | Click here to enter text. |
| ☐ | G. Appropriate gloves: Click here to enter text. | Click here to enter text. |
| ☐ | H. Appropriate shoes: Click here to enter text. | Click here to enter text. |
| ☐ | I. Safety goggles: Click here to enter text. | Click here to enter text. |
| ☐ | J. Hearing protection: Click here to enter text. | Click here to enter text. |
| ☐ | K. Facial protection: Click here to enter text. | Click here to enter text. |
| ☐ | L. Breathing protection: Click here to enter text. | Professional Practice provider |
| ☐ | M. Safety armour: Click here to enter text. | Professional Practice provider |
| ☐ | N. Thermal protectionClick here to enter text. | Professional Practice provider |
| ☐ | O. Other:Click here to enter text. | Click here to enter text. |
| ☐ | P. Other:Click here to enter text. | Click here to enter text. |

13. Other potential risks

If so:

# A.Click here to enter text.

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

14. Medical aspects (on advice of the occupational health physician of the Professional Practice provider!)

**Vaccination**

☐tetanus ☐hepatitis B ☐other: Click here to enter text.

Tests

☐tuberculosis ☐other: Click here to enter text.

Special measures in case of pregnancy



If so, what kind: Click here to enter text.

15. Countries where the intern will be staying within the framework of the Professional Practice

# A.Click here to enter text. B.Click here to enter text. C.Click here to enter text. D.Click here to enter text.

Name and signature of the Professional Practice mentor:

Date: Click here to enter text.