



**EMPLOYEE'S RECORD OF HAZARDOUS WORK**

MINE NAME

MINE CODE SURNAME

FIRST NAME MALE FEMALE

I.D./PASSPORT NUMBER COMPANY/ INDUSTRY NUMBER

DATE STARTED EMPLOYMENT DATE ENDED EMPLOYMENT

Table with columns: OCCUPATION, DATE (FROM, TO), NUMBER OF EXPOSED SHIFTS, IDENTIFY STRESSOR AS PER MINE'S SPECIFIC RISK ASSESSMENT IN ACCORDANCE WITH THE DMR LISTING IN SCHEDULE 22.9(2)(a), AIRBORNE POLLUTANTS, NOISE, THERMAL STRESS, OTHER, RADIATION.

SIGNATURE OF HYGIENIST/LINE MANAGER: DATE:

SIGNATURE OF EMPLOYEE: DATE:

Note Section 14 (i) & (ii) of the Mine Health and Safety Act states that:

"(i) The employer at every mine must keep a service record in the prescribed form, of employees at the mine who perform work in respect of which medical surveillance is conducted in terms of section 13. (ii) The employer must deliver to the Medical Inspector a copy of the relevant part of the record kept in terms of subsection (1) – (a) when an employee whose name appears in that record ceases to be employed at that mine; or (b) when required to do so by the Chief Inspector of Mines."