



Temporary Workstation Sheet

TW Sheet – ID No:

(Company No¹) / (Internal No) / (Issue date²) // (Codes³)

Section A: To be completed by the user undertaking

1. General Information

Company No¹:

Company name:

Address:

Contact name:

Tel.:

E-mail:

External Service for Prevention and Protection at Work:

2. Position or Job characteristics

Internal No:

Issue Date²:

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

3. 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:

4. Maternity protection measures

Yes

No

Pregnant employee

Job adjustment:

Discharge from:

Breastfeeding employee

Job adjustment:

Discharge for a period of:

5. Advice data

Advice date: Committee PPW Trade Union representation Direct employee participation

Prevention advisor – occupational physician advice date:

Prevention advisor – internal department advice date:

1 Company No format : (e.g.: 0XXXXXXXX) - No spaces, no punctuation
2 Date format: ddmmYYYY (e.g.: 18071991)
3 Codes format: code,code,code (e.g.: 1,2,1128) - No spaces

6. Mandatory health surveillance

 Yes

 No

	Specific Health Risks	Codes ⁴	YES	
Workstation / Position	Safety function	1	<input type="checkbox"/>	
	Position with increased vigilance	2	<input type="checkbox"/>	
	Young workers (under 18)	5	<input type="checkbox"/>	
	Night work	2024	<input type="checkbox"/>	
	Shift work	2025	<input type="checkbox"/>	
	Weekend work	2027	<input type="checkbox"/>	
	Ergonomics	Load handling / Monotonous and repetitive work	2022 / 2023	<input type="checkbox"/>
Biological agents Vaccinations / test	Tetanus	1312	<input type="checkbox"/>	
	Tuberculosis	1311	<input type="checkbox"/>	
	Hepatitis B	1321	<input type="checkbox"/>	
Physical agents	Whole Body vibrations	1207	<input type="checkbox"/>	
	Noise	Between 80dB (A) and 85dB (A)	1203	<input type="checkbox"/>
		Between 85dB (A) and 87dB (A)	1204	<input type="checkbox"/>
		More than 87dB (A)	1205	<input type="checkbox"/>
	Temperature	Cold	1213	<input type="checkbox"/>
Heat		1214	<input type="checkbox"/>	
Chemical agents	Electric spot welding	112804	<input type="checkbox"/>	
Other health risks			<input type="checkbox"/>	

Section B: To be completed by the temporary work agency

7. General information

Temporary worker agency name:

Address:

Contact name:

Tel.:

E-mail:

External Service for Prevention and Protection at Work:

8. Information - Temp 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 undertaking presents the position sheet as the welcome registration document

9. Welcome / Induction completed

 Yes

 No

Welcome officer name:

Welcome officer position:

Signature:

Welcome period: