

[organization name]

Appendix 3 – List of Workplaces and Employees with Significant Risk

No.	Work place with [redacted] [redacted]	Type and code of hazard	[redacted]	[redacted]	Medical report ID	[redacted]	Working capability assessment	[redacted]

[job title]

[name]

[signature]

Commented [45A1]: Use the form prescribed by legislation if such exists.

Commented [45A2]: If you want to find out more about OH&S hazards, see:

How to identify and classify OH&S hazards
<http://advisera.com/45001academy/blog/2015/05/14/how-to-identify-and-classify-ohs-hazards/>

Commented [45A4]: Enter this only if the codes of hazards are prescribed by law.

Commented [45A5]: Every employee working in this work place must be entered here.

Commented [45A6]: Frequency of medical examinations are

Commented [45A7]: The finding of the medical expert. E.g., is

Commented [45A8]: Actions to be taken based on

Commented [45A3]: Write in here the results from the Hazard