

Health monitoring controls - HAVs

Site:		Contract number:		Record number:						
Tool:		Vibration level (tick box): <small>From manufacturers datasheet</small>		+10 m/s/s Task specific risk assessment required						
				5 to 10 m/s/s Use in compliance with method statement						
				Below 5 m/s/s Insignificant risk						
Week ending:										
Employee name	Employee signature	Employee number	Mon Hours	Tues Hours	Wed Hours	Thurs Hours	Fri Hours	Sat Hours	Sun Hours	Week Total
Approved by:		(Print name)		(Signature)			(Position)			(Date)