



(\*New / \*Existing employee) \* Indicate as appropriate

Name.....

Address.....

National Insurance No.....

Date of commencement of employment with Seaton Rail Ltd .....

The completion of this form is one of the initial stages in determining if work activities, work equipment or employee activities come within the requirements of the Control of Vibration at Work Regulations 2005.

The accurate completion, so far as you are able, to the questions will enable the company to protect its workforce, successfully address any problems and comply with legislation.

Please study these questions, answer as appropriate and sign the declaration on completion. A copy of this form will be retained on your personal file.

Would you please answer the following questions? Please tick 'Yes' or 'No' box as appropriate Where the 'Yes' box is ticked details will need to be provided.			
		Y / N	Details
1	Did your previous employment require you to use hand held vibrating tools / equipment?		If Yes, give any details.
2	Have you used hand held vibrating tools / equipment since commencing employment with the company?		If Yes, when was first year of exposure?
3	When did you last use hand held vibrating tools / equipment?		
4	What equipment was used and for how long?		
5	Do you have any tingling feeling of the fingers lasting more than 20 minutes after using vibrating equipment?		
6	Do you have tingling of the fingers any other times?		If Yes, give details
7	Do you wake at night with pain, tingling or numbness in your hand or wrist?		If Yes, how often?
8	Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?		
9	Have fingers gone 'white' on cold exposure?		
10	If yes, do you have difficulty re-warming them when leaving the cold?		
11	Do your fingers go 'white' at any other time?		If Yes, when?
12	Do you experience any other problems with the muscles or joints of the hand or arm?		If Yes, how often?
13	Have you had any serious disease of the joints, skin, nerves, heart or blood vessels?		If Yes, please give details
14	Are you on any long-term medication?		If Yes give details

Signed ..... Name (print) ..... Date .....