

This form is used to gather and document specific information regarding the potential hazards of a particular job. The JDA will also help WHS/ RPS to make decisions regarding pre-placement health assessment requirements and ongoing health monitoring requirements.

In order to help assess the potential risk, this assessment must be completed as part of **the request for recruitment**. The questionnaire is to be **completed by Manager/Supervisor** (or person requesting recruitment) if you need clarification or assistance, please call your WHS Advisor on ext 9200 (Option 6).

Business Area:	Manufacturing/ Nuclear Medicine	Cost Centre Number: <i>Required</i>	110104
PD Number:	PD-2455	Position Title:	Process Technician
SECTION 1 – Location of Work Area			
Building(s)	Rooms/ Labs/ Workshops/ Other		
B88/23	Production Cell Face @ Dispatch Area		
B88/23	Rear of Cells		
B88/23	Process Preparation		
POSITION HAZARDS – All roles/ Office based work			
SECTION 2 – Psychosocial Demands			
2.1	Work Schedule <i>e.g., long/unpredictable hours, shift work, varied hours</i>	Yes <input checked="" type="checkbox"/> Describe briefly below: 12 Hour Shifts Rotating Shift Pattern over 5 weeks -B88 8 hour shifts on rotating roster- B23	No <input type="checkbox"/>
2.2	Workload and pace (<i>high or low</i>)	Yes <input checked="" type="checkbox"/> Describe briefly below: workload and pace can fluctuate, some high and some low demands (based off production schedule and associated constraints/dependencies) Multiple team members per team to share workload	No <input type="checkbox"/>
2.3	Remote or isolated work <i>e.g., geographically, off-site, outside core hours, lone work</i>	Yes <input checked="" type="checkbox"/> Describe briefly below: In addition facility OLC requires 4 accredited technicians to be in B88 at all times when running (can limit the ability to leave the building - e.g. even for a walk at lunch).	No <input type="checkbox"/>
2.4	Job control (<i>e.g., responsibility levels, clear reporting</i>)	Yes <input checked="" type="checkbox"/> Describe briefly below: Reports to the Shift Manager	No <input type="checkbox"/>
2.5	Travelling	Yes <input type="checkbox"/> Describe briefly below:	No <input checked="" type="checkbox"/>
2.6	Time constraints <i>e.g., Production targets, project work, strict deadlines</i>	Yes <input checked="" type="checkbox"/> Describe briefly below: production targets and KPIs (cycle time, yield, decay, dispatch cut-off etc)	No <input type="checkbox"/>

SECTION 3 – Manual Handling and Ergonomics			
3.1	Sitting/Standing for extended periods	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> several hours per day over 12 and 8 hr shifts Select: Hourly	No <input type="checkbox"/>
3.2	Kneeling/Squatting/Crouching	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> 5 minutes at a time Select: Daily	No <input type="checkbox"/>
3.3	Overhead Work (e.g., arms raised over shoulder height)	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> 5 minutes at a time Select: Daily	No <input type="checkbox"/>
3.4	Lifting and Carrying: <input checked="" type="checkbox"/> Light – 0-9kg <input checked="" type="checkbox"/> Moderate – 10-15kg <input type="checkbox"/> Heavy – 16kg and above	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> Solution Bottles, Various equipmen Select: Daily	No <input type="checkbox"/>
3.5	Pushing/ pulling/ restraining	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> solution trolleys, packaging trolley, padirac work Select: Daily	No <input type="checkbox"/>
3.6	Bending/ leaning forward/ reaching	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> rare occasions Select: Monthly	No <input type="checkbox"/>
3.7	Manipulator Use	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> 15mins at a time, multiple times during a 12hr shift Tong use also in 23 facility Select: Hourly	No <input type="checkbox"/>
3.8	Grasping/ gripping/ fine manipulation (e.g., periods of pipetting)	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> manipulator use described above, plus solution & line kit assembly multiple times during a 12hr shift Tong use during an 8 hour shift Select: Hourly	No <input type="checkbox"/>
3.9	Sustained focus (e.g., computer screens, microscope, fine tasks like soldering circuit boards)	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> Computer Work and looking through a Hot Cell winbow Select: Daily	No <input type="checkbox"/>
3.10	Repetitive motions	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> As above Manipulator and Tong Use Select: Daily	No <input type="checkbox"/>
3.11	Driving	Yes <input checked="" type="checkbox"/> <i>Describe and select frequency below:</i> HR truck Driving and Driving A Ute/ Forklift Select: Daily	No <input type="checkbox"/>

SECTION 3 – Manual Handling and Ergonomics			
3.12	<p>Climbing and/ or Work at Heights – please indicate:</p> <p>⚠ Tasks marked with a * require Safe Work at Heights training and medical clearance</p>	<p>Yes <input checked="" type="checkbox"/> <i>Describe below:</i> Climbing stairs and WFH <i>Check all boxes that apply:</i></p> <p><input type="checkbox"/> Step stool <input checked="" type="checkbox"/> Stairs <input type="checkbox"/> Portable ladders <input type="checkbox"/> Scaffolding <input type="checkbox"/> Fixed ladders with fall protection* <input type="checkbox"/> Work on roofs* <input type="checkbox"/> Work using static lines* <input type="checkbox"/> Work in a fall protection harness* <input checked="" type="checkbox"/> Other: adjustable exercise step</p>	No <input type="checkbox"/>
3.13	<p>Extreme temperatures (<i>e.g., extended periods of outside work, work in freezers, physical work</i>)</p>	<p>Yes <input type="checkbox"/> <i>Describe and select frequency below:</i></p> <p>Select:</p>	No <input checked="" type="checkbox"/>
3.14	<p>Is good colour recognition essential for this role for safety critical or quality control requirements?</p>	<p>Yes <input checked="" type="checkbox"/> <i>Describe below:</i> Identifying colours on Ph paper. Looking through hot cell and identifying labelling and equipment</p>	No <input type="checkbox"/>
3.15	<p>Are the following visual demands important - please indicate:</p>	<p>Yes <input checked="" type="checkbox"/> <i>Describe below:</i> A Range of work is required including depth perception testing working with manipulator in hot cell along with working in Laboratory dispensing <i>Check all boxes that apply:</i></p> <p><input checked="" type="checkbox"/> Near range vision (30 cm) <input checked="" type="checkbox"/> Intermediate vision (1m) <input checked="" type="checkbox"/> Distance vision (see clearly to 6m)</p>	No <input type="checkbox"/>
3.16	<p>Is respiratory protection required to be worn for any aspect of this role – please indicate:</p> <p><i>For all workers at ANSTO issued with close fitting respiratory protective equipment a medical clearance is required.</i></p> <p><i>A fit test must be conducted by WHS to ensure a good face seal, and protection, is achieved. Workers must enrol in a fit test via LMS.</i></p>	<p>Yes <input checked="" type="checkbox"/> <i>Describe below:</i> Use of Air wash masks for Padirac Posting <i>Check all boxes that apply:</i></p> <p><input checked="" type="checkbox"/> P1/ P2 disposable mask <input checked="" type="checkbox"/> Full Face Mask <input type="checkbox"/> Supplied Air Lines <input type="checkbox"/> Compressed Air Breathing Apparatus (CABA)</p>	No <input type="checkbox"/>

SECTION 4 – Ionising Radiation and/ or Non-Ionising Radiation (eg: Laser, UV, Electromagnetic)			
4.1	<p>Does the role include or have the potential to include entry to radiation or radiation contamination classified areas?</p>	<p>Yes <input checked="" type="checkbox"/> <i>Describe below:</i> Molybdenum-99 and Health (within facility), all work is carried out remotely via hot cells & use of manipulators and tongs</p> <p>Check all that apply below:</p>	No <input type="checkbox"/>

SECTION 4 – Ionising Radiation and/ or Non-Ionising Radiation (eg: Laser, UV, Electromagnetic)			
	<i>If yes, this JDA must be reviewed by a Radiation Protection Advisor and signed off in Section 10.</i>	Radiation	Contamination
		<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> White
		<input checked="" type="checkbox"/> Blue	<input checked="" type="checkbox"/> Blue
		<input checked="" type="checkbox"/> Red	<input checked="" type="checkbox"/> Red
4.2	Will the role be working with radioactive material? <div style="float: right;"> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </div>		
	If yes, Describe the work and the main radionuclides present: Handling materials removed from Hot Cell What are the chemical forms of the radionuclides present in the work area? Select all that apply: <div style="display: inline-block; width: 30%;"> <input checked="" type="checkbox"/> Soluble <input checked="" type="checkbox"/> Insoluble </div> What are the physical forms of the radionuclides present in the work area? Select all that apply: <div style="display: inline-block; width: 30%;"> <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas/Vapour </div> Are the radiation sources in the work area sealed or unsealed? Select all that apply: <div style="display: inline-block; width: 30%;"> <input checked="" type="checkbox"/> Sealed <input checked="" type="checkbox"/> Unsealed </div>		
4.3	Does the worker need to enrol in the ANSTO Dosimetry Service?	Yes <input checked="" type="checkbox"/> Complete AF-2359 Dosimetry Service Application for Enrolment by Occupationally Exposed Persons	No <input type="checkbox"/>
4.4	Is there ultraviolet radiation present (<i>controlled apparatus, welding arcs, includes solar radiation for outdoor/ field workers</i>)	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
4.5	Does the work use Class 3 or Class 4 lasers?	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
4.6	Are there electric and/ or electromagnetic fields?	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>

For Office based roles go to Section 8

SECTION 5 – Other Safety Hazards		
5.1	Live electrical work	Yes <input type="checkbox"/> <i>Describe below:</i> <div style="float: right;">No <input checked="" type="checkbox"/></div>
5.2	Frequently use of hearing protection as a control measure for noise levels above 85dB(A). If unsure, would someone have to raise their voice to talk to someone about 1m away? <i>For all workers at ANSTO issued with hearing protective equipment a fit test must be conducted by WHS to ensure a good fit, and protection, is achieved. Workers must enrol in a fit test via LMS.</i>	Yes <input type="checkbox"/> <i>Describe below:</i> <div style="float: right;">No <input checked="" type="checkbox"/></div>
5.3	Work causing whole body vibration (<i>e.g., ride on plant, forklifts, machinery</i>)	Yes <input checked="" type="checkbox"/> <i>Describe below:</i> Forklift operations <div style="float: right;">No <input type="checkbox"/></div>
5.4	Work causing hand-arm vibration (<i>e.g., hand tools/ power tools</i>)	Yes <input type="checkbox"/> <i>Describe below:</i> <div style="float: right;">No <input checked="" type="checkbox"/></div>

SECTION 5 – Other Safety Hazards		
5.5	<p>Confined space work</p> <p><i>This includes design, risk assessment, entry, work in, standby persons and rescue persons.</i></p> <p><i>These tasks require Safe Work in Confined Spaces training and medical clearance.</i></p>	<p>Yes <input type="checkbox"/> <i>Describe below:</i></p> <p style="text-align: right;">No <input checked="" type="checkbox"/></p>
5.6	<p>Scuba Diving</p> <p><i>These tasks require appropriate training and an annual specialist diving medical clearance.</i></p>	<p>Yes <input type="checkbox"/> <i>Describe below:</i></p> <p style="text-align: right;">No <input checked="" type="checkbox"/></p>


SECTION 6 – Hazardous chemicals and substances		
6.1	<p>Hazardous Chemicals and Substances</p> <p><i>If a person is exposed to a hazardous chemical requiring health monitoring at levels likely to cause adverse health effects (as documented in a risk assessment), then in accordance with the Work Health & Safety Regulations, 2011 Schedule 14 Health Monitoring (plus asbestos and lead) must be arranged.</i></p> <p><i>Contact Safety Feedback to arrange workplace monitoring and/ or health monitoring.</i></p> <p><i>Note: As the level of risk depends on the frequency, duration and level of exposure, risk assessment is the way to decide if there is significant risk to health or not. If risks are significant but not adequately controlled or there is uncertainty about the degree of risk, health monitoring is required.</i></p>	<p>Yes <input type="checkbox"/></p> <p><i>If Yes, please tick all that apply below:</i></p> <div style="list-style-type: none; padding-left: 0;"> <p><input type="checkbox"/> Acrylonitrile*</p> <p><input type="checkbox"/> Arsenic (inorganic)</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Benzene⁺</p> <p><input type="checkbox"/> Beryllium</p> <p><input type="checkbox"/> Cadmium</p> <p><input type="checkbox"/> Chromium (inorganic)</p> <p><input type="checkbox"/> Creosote</p> <p><input type="checkbox"/> Crystalline silica</p> <p><input type="checkbox"/> Isocyanates</p> <p><input type="checkbox"/> Lead (inorganic)</p> <p><input type="checkbox"/> Mercury (inorganic)</p> <p><input type="checkbox"/> 4,4'-Methylene bis (2-chloroaniline) (MOCA) ⁺</p> <p><input type="checkbox"/> Organophosphate pesticides</p> <p><input type="checkbox"/> Pentachlorophenol (PCP)</p> <p><input type="checkbox"/> Polycyclic aromatic hydrocarbons (PAH)</p> <p><input type="checkbox"/> Thallium</p> <p><input type="checkbox"/> Vinyl chloride⁺</p> </div> <p>⁺ <i>Also a restricted carcinogen listed in Schedule 10 of the WHS Regulations. Regulatory approval required.</i></p> <p><i>Describe and select frequency below:</i></p> <p>Select:</p>
6.2	<p>Nanoparticles (<i>particles with at least one dimension measuring less than 100 nanometres</i>)</p>	<p>Yes <input type="checkbox"/> <i>Describe below:</i> <i>(include type of nanoparticles and frequency)</i></p> <p>Select:</p> <p style="text-align: right;">No <input checked="" type="checkbox"/></p>

SECTION 6 – Hazardous chemicals and substances			
6.3	Products causing lung irritation (<i>eg: welding fume, epoxy resins, environmental dusts</i>)	Yes <input type="checkbox"/> <i>Describe below: (include type and frequency)</i> Select:	No <input type="checkbox"/>
6.4	Other hazardous chemicals (<i>eg: dusts, gases, fumes, liquids etc</i>)	Yes <input checked="" type="checkbox"/> <i>Describe below: (include type and frequency)</i> various acids and hydroxides Select: Daily	No <input type="checkbox"/>

SECTION 7 – Microbial/Biological Hazards – if none go to Section 8			
<div style="display: flex; align-items: center;"> <p>If immunisations for workplace risks are required, these will be conducted post-engagement following consultation and review of hazards, risks and controls. Supervisors must ensure staff arrange for required vaccinations within one month of commencement of employment. Please contact the Occupational Health Centre or x3362)</p> </div>			
7.1	Infectious Microorganisms	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.2	Use or care of Animals	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.3	Rats/ Mice/ Rabbits	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.4	Bats	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.5	Native Fauna	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.6	Exposure to animal dander	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.7	Unfixed blood or human tissue	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.8	Human Pathogens – Groups 3 and/ or 4 <i>Refer to AS/NZS 2243.3</i>	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.9	Rubbish collection or management	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.10	Exposure to waste waters including plumbing, sewerage, stormwater, fieldwork or other potentially contaminated waterways	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>
7.11	Other biological hazards not previously mentioned	Yes <input type="checkbox"/> <i>Describe below:</i>	No <input checked="" type="checkbox"/>

SECTION 8 – Safety Training - Hiring Manager to complete. WHS/ RP Advisor to review.			
<input type="checkbox"/> AIIMS Training (Emergency Management)	<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Health & Safety Committee	<input type="checkbox"/> Provide Remote Area First Aid
<input type="checkbox"/> ANSTO Authorised Electrical Isolators – High Voltage	<input type="checkbox"/> C1 Contractor Supervisor	<input type="checkbox"/> Health & Safety Representative	<input checked="" type="checkbox"/> Radiation Safety Workshop
<input type="checkbox"/> ANSTO Authorised Electrical Isolators – Low Voltage	<input type="checkbox"/> C2 Contractor Supervisor	<input type="checkbox"/> Hearing Protection Fit Test	<input checked="" type="checkbox"/> Radioactive Spill and Contamination Response

SECTION 8 – Safety Training - Hiring Manager to complete. WHS/ RP Advisor to review.			
<input type="checkbox"/> Area Supervisor	<input type="checkbox"/> Crane Operators Licence	<input type="checkbox"/> High Voltage Operators Safe Practices	<input checked="" type="checkbox"/> Respiratory Protection Fit Test
<input type="checkbox"/> Asbestos Awareness Training	<input type="checkbox"/> Dogman's Licence	<input type="checkbox"/> Hydrofluoric Acid	<input type="checkbox"/> Safe Handling of Compressed Gases
<input type="checkbox"/> Asbestos removal (Class B)	<input type="checkbox"/> Elevating Work Platforms Licence	<input type="checkbox"/> Investigation Methodology	<input checked="" type="checkbox"/> Safe Work at Heights
<input checked="" type="checkbox"/> Basic Radiation Safety	<input type="checkbox"/> Elevating Work Platform <11m (Yellow Card)	<input type="checkbox"/> Isolations & Lock Out Tag Out (Awareness)	<input checked="" type="checkbox"/> WHS@ANSTO
<input type="checkbox"/> Building Manager	<input checked="" type="checkbox"/> Facility specific radiation safety training (specify) B88- Rad Training B23- Health Rad Training	<input type="checkbox"/> Isolations & Lock Out Tag Out (Authorised Isolators)	<input type="checkbox"/> WHS for People Leaders
<input type="checkbox"/> Building Warden	<input type="checkbox"/> Fire Extinguisher Familiarisation	<input type="checkbox"/> Laser Safety	<input type="checkbox"/> WHS Risk Management and SWMES Workshop
<input type="checkbox"/> ChemAlert basic functions	<input checked="" type="checkbox"/> Forklift Licence	<input type="checkbox"/> Low Voltage Rescue	<input type="checkbox"/> WHS Injury & Rehabilitation
<input checked="" type="checkbox"/> ChemAlert advanced functions	<input type="checkbox"/> General Construction Induction (White Card)	<input type="checkbox"/> Noise and Hearing Protection	<input type="checkbox"/> Working with Lead
<input type="checkbox"/> Compressed Air Breathing Apparatus (CABA)	<input type="checkbox"/> Hazardous Chemical Safety	<input type="checkbox"/> Provide Advanced Resuscitation	<input type="checkbox"/> Other
<input type="checkbox"/> Compressed gases and cryogenic liquids	<input type="checkbox"/> Hazardous Manual Tasks	<input type="checkbox"/> Provide First Aid	<input type="checkbox"/> Other

SECTION 9 –Hiring Manager's Details			
Name:	Warren Brown	Phone:	0461 533 293
Email:	wby@ansto.gov.au		
<p>As the hiring manager you are responsible for:</p> <ul style="list-style-type: none"> Consulting with workers on matters directly affecting their health & safety including discussion of health monitoring where a significant risk has been identified. Ensuring all new employees attend induction and are enrolled in the safety training relevant to their role Ensuring all new employees receive appropriate health monitoring prior to and during employment as required Ensuring that worker confidentiality is maintained. 			
<p>I confirm that the information above is an accurate reflection of the position requirements.</p>			
<p>Signature / Name / Date:  BROWN, Warren (wby) 9/09/2024</p>			
<p>Once this Section has been completed, the hiring manager must send this along with the current Position Description to careers@ansto.gov.au</p>			

SECTION 10 - WHS Advisor and RPA (where required), to complete.**Work Health & Safety Advisor to complete**

The WHS Advisor, in conjunction with the Occupational Hygienist and Radiation Protection Advisor (RPA) where applicable, will determine the level of pre-employment (or pre-placement) required. Where a risk is assessed as moderate or above the WHS Advisor will match the worker to the appropriate level of health assessment.

WHS review complete: Yes ☒ No ☐

Review of safety related training complete: Yes ☒ No ☐

Comments: Role is moderately physical with work with manipulators, pushing/pulling, and loading. Risk of MSD injury without controls is assessed as Medium= Moderate x Likley. Basic Medical and Functional assessment required up to 15kg. Applicant required to under take forklift licencing and work within TGA facility. Near, intermediate or long distance visual acuity with or without corrective lenses and colour perception is critical. Ongoing vision surveillance for near, intermediate, distance vision is recommended. Respiratory protection required for some activities, Spirometry and enrolment in Fit-tesing recommended.

The successful applicant should review

AG-2478 Prevention and Management of Psychosocial Hazards to enable support and awareness for the worker around the psychosocial hazards that are present in this role.

Signature / Name / Date:  HOBAN, Rhiarn (hobanr) 24/09/2024

Radiation Protection Advisor to complete

RPA review complete: Yes ☒ No ☐

Review of radiation safety related training complete: Yes ☒ No ☐

Comments:

There are external and potential internal radiological hazards associated with this role.

Please determine, via medical assessment or self-declaration, if the worker:

- a) Has any unhealed wounds (including tattoos or piercings);
- b) Has a temporary or ongoing skin condition (eg, eczema, dermatitis, etc);
- c) Is pregnant or currently breastfeeding.

If the answer is "yes" to any of these questions, further discussion and risk assessment is required in consultation with the Cluster RPA.

Recommend worker be issued with quarterly personal dosimetry (TLD).

Recommend worker be issued with quarterly extremity dosimetry (Wrist TLD).

Recommend worker attend routine Whole Body Monitoring quarterly frequency.

Recommended exposure category: Occupationally Exposed Worker.

Signature / Name / Date:  HUGHES, Stephen (hughess) 24/09/2024

SECTION 11 – The Occupational Health Physician/ Medical Officer is to conduct the health assessment as indicated by the WHS Advisor Please read all pages above for further information	
Role is identified as: <input type="checkbox"/> Office based role <input checked="" type="checkbox"/> Moderately physical <input type="checkbox"/> Highly physical <input type="checkbox"/> Heat stress	Pre-employment/ Pre-placement assessment: <input checked="" type="checkbox"/> Basic Medical <input type="checkbox"/> Audiometry <input checked="" type="checkbox"/> Spirometry <input checked="" type="checkbox"/> Vision Screening ¹ Select all that apply: <input checked="" type="checkbox"/> Colour <input checked="" type="checkbox"/> Intermediate distance <input checked="" type="checkbox"/> Near vision <input checked="" type="checkbox"/> Far distance <input checked="" type="checkbox"/> Functional Assessment up to 15 kg <input type="checkbox"/> Drug and alcohol screening Additional medical clearances required: <input type="checkbox"/> Confined Space <input type="checkbox"/> Safe Work at Heights <input checked="" type="checkbox"/> Respiratory Protection Equipment <input type="checkbox"/> CABA <input type="checkbox"/> SCUBA
ADDITIONAL COMMENTS/ REQUESTS e.g., Assessment of immunisation status required, determination of any relevant allergies, whole body monitor, health surveillance programs:	
SECTION 12 – Careers Team Use: Copy of completed form forwarded to:	
<input type="checkbox"/> occupationalhealth@ansto.gov.au <input type="checkbox"/> Hiring Manager/ Supervisor	<input type="checkbox"/> traininganddevelopment@ansto.gov.au

End of Form

¹ *TGA expectations for demonstrating compliance to PICS PE 009-14 (Part I) (Guide to Manufacturing Practice to Medicinal Products requires Health Products personnel to receive medical examination upon recruitment. This health surveillance should include vision surveillance.