

Risk Assessment

Occupational Skin Care

Company Name:

Date:

Number of Employees:

Industrial Sector:

Contact Person

Name

Phone:

Fax:

E-Mail:

Department:

Working Field:

Risks at the Working Place



Skin Strain			
	Yes	No	More Details
Wet Working Area			
Use of Gloves			
Use of Disinfection			
UV- Exposure			
Sun			
Artificial			
Solvents/Grease/Paint/Tar/Soot			

Are towels used for Drying the Hands?			Paper or Textile?	
How many Employees are using one Washing Station?				
Is the working place extremely cold?				
Is the working place extremely hot?				
Working Material	Hazards Statement (H-Sentence)			
.....Slightly Hazardous				
.... Highly Hazardous				
Which Exactly?				
Dirt Level	Light	Medium	High	Special, Which?
Skin Area Exposed	Yes	No	Which Skin Areas?	
Small				
Large				

Skin Protection



Working Place			
Which Skin Protection Product is used up to now?			
How often a Day?			
	Yes	No	Which kind?
Dispensers?			
Tubes?			
New Dispensers necessary?			
Amount of new Dispensers?			
Which Dispenser?			
Recommended Products			

Skin Cleansing



Which Skin Cleanser is used up to now?			
How often a Day?			
	Yes	No	Which kind?
Dispensers?			
Tubes?			
New Dispensers necessary?			
Amount of new Dispensers?			
Which Dispenser?			
Recommended Products			

Skin Care



Which Skin Care Product is used up to now?			
How often a Day?			
	Yes	No	Which kind?
Dispensers?			
Tubes?			
New Dispensers necessary?			
Amount of new Dispensers?			
Which Dispenser?			
Recommended Products			