

## GB06 Hand-arm vibration syndrome assessment

Company name				Project title			
Location				Contract no.			
Assessor				Person being assessed			
Occupation							
How many years have you been in this job?							
How many years have you been using hand-held vibration tools?							
How many days per week do you use hand-held vibration tools?							
Approximately how many hours per day do you use hand-held vibration tools? (Time spent when trigger pressed – not including time holding tool when trigger is not pressed)							
Are you (tick)	left-handed				right-handed		
Which vibratory tools have been used most frequently during your career? (tick below)							
1. Road breaker		4. Poker		7. Strimmer			
2. Chipping hammer		5. Drills		8. Scabblers			
3. Compactor plate		6. Grinder or disc cutter					
9. Other (please state)							
Do you wear gloves to keep your hands warm when using vibrating tools?				Always		Sometimes	Never
Do your fingers go white* in cold weather and are they slow to return to normal?				Always		Sometimes	Never
Have you noticed any tingling in your fingers that lasts more than a few minutes after using vibrating tools?				Always		Sometimes	Never
Have you noticed your fingers go numb in cold weather and are they slow to return to normal?				Always		Sometimes	Never
Do you have any problems with the joints or muscles of your hands or arms, such as the following? (tick all that apply)							
Pain		Swelling		Stiffness		Weakness	
Fine movements		Other (please state)					
State trigger times for items being used							
Equipment	Make and model					Trigger (mins)	
Breaker (heavy)							
Drill (small)							
Petrol cut off saw							
4" grinder							
9" grinder							
110 v breaker							
Drill (heavy)							
Rip saw							
Jigsaw							
Other (please state)							
State duration of use		Hours		Minutes			
* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush							

**GB06 Hand-arm vibration syndrome assessment *continued***

State mitigation measures required to eliminate/reduce hand-arm vibration syndrome exposure (such as job rotation, alternative working, newer equipment, and so on)

I understand the content and importance of the assessment and I have answered the above questions to the best of my knowledge.

I agree to comply with the stated exposure duration that I understand must not be exceeded.

I give permission for my employer to pass on my completed hand-arm vibration syndrome assessment to my employer's external occupational health physician for evaluation purposes, if deemed appropriate.

**Assessor**

<b>Name</b>		<b>Position</b>		<b>Signature</b>		<b>Date</b>	
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**Assessed**

<b>Name</b>		<b>Position</b>		<b>Signature</b>		<b>Date</b>	
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