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|  | **HAV Assessment & Record Form** |
| **NAME (Print) :**  | **DATE :**  |
| **SIGNATURE :**  | **JOB TITLE :**  |
| **LOCATION :** | **LOCATION :** |
| **ACTIVITY :** |
| **Tool Type** | **Tool I.D. no.** | **Consumable** | **Vibration Level (m/s2)** | **Max Daily Use (hours)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **Tool 1** | **Tool 2** | **Tool 3** | **Tool 4** |
| **Start** | **Stop** | **Usage** | **Start** | **Stop** | **Usage** | **Start** | **Stop** | **Usage** | **Start** | **Stop** | **Usage** |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| **Total time used** |  | **Total time used** |  | **Total time used** |  | **Total time used** |  |
| Partial vibration dose |  | Partial vibration dose |  | Partial vibration dose |  | Partial vibration dose |  |
| ***Note: Record 'trigger' time i.e. time the tool was in use, NOT the time for the whole job.*** | **Total Daily Vibration Dose ( A(8) )** |  |
| **PRECAUTIONS TAKEN** |
| **COMMENTS (any defects with tool, experienced tingling of fingers, improvements etc.)** |
| **SUPERVISOR** **(Print name)…………………………………. (Sign) …………………………………………………. Date …………………………………..**  |