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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 …………………………………..** | | | | | | | | | | | | | | | | | | | | | | | | |