



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

EXPOSURE HISTORY

Claim Number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

[Section 68(2) – Commissioner’s rules, forms and particulars – Annexure 12]

Additional information required in all cases of occupational diseases. Where applicable.

NAME AND SURNAME OF EMPLOYEE

IDENTITY NUMBER

1. PLEASE STATE THE PERIOD (S) THE EMPLOYEE WORKED IN ENVIRONMENTS WITH EXPOSURES RELATED TO HIS/HER DISEASE. *(Start with the most recent employer)*

EMPLOYER	PERIOD		OCCUPATION	EXPOSURE
	From:	To:		

2. DESCRIPTION OF EXPOSURE EMANATING FROM THE WORKPLACE CONCERNED

2.1 Describe the types of occupations the work methods used and the materials to which the employee may have been exposed.

Examples of occupations: - Mason in a blast furnace; grinding of sandstone; stone mason; monumental mason; welding; boiler making; metal casting; boiler or pipe insulation; quarry work; use of abrasive powders; tunneling; mine working (surface or underground).

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2.2 Year of first exposure

2.3 The duration / years of exposure (which may not be the same as years in an occupation)

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2.4 The frequency of exposure (once per week for an hour or 8 hours every day)

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2.5 Provide any objective measurements of exposure where applicable (supply details if possible (eg. material safety data sheets, risk assessments or results of environmental hygiene assessments))

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3. SMOKING HISTORY

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4. NON OCCUPATIONAL ENVIRONMENTAL OR LEISURE TIME EXPOSURES

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5. ANY RELEVANT ADDITIONAL INFORMATION

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REPORTING OFFICER

DATE

ADDRESS

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Telephone numbers