

	UNIVERSITY OF CAPE TOWN		
	Occupational Risk Exposure Profile	Reference Number	HS10
		Implementation Date	
		Rev / Amendment No	03
		Rev / Amendment Date	07 October 2025

Occupational Risk & Exposure Profile ("OREP")

NAME:				DATE:																																																														
Brief job description:																																																																		
SECTION:		DEPARTMENT:		DIVISION:																																																														
Rate all INHERENT REQUIREMENTS elements 1 to 4. (0 = None; 1 = Low; 3 = Medium; 4 = High)				Rate all HAZARDS elements 1-5																																																														
INHERENT REQUIREMENTS:				RISK-RATED HAZARD EXPOSURE:																																																														
Requirement scores ⇒ CAP		Requirement scores ⇒ CAP		Hazardous CHEMICAL Substances: (Powders, liquids, fumes, dusts, etc.)																																																														
THE SENSES		COMPOSITE FUNCTIONS		Groups: Xn(Harmful), Xi(Irritant), S (R42/43(Sensitising), O(Oxidising), R10(Flammable), F(highly flammable) C(Corrosive), Car. (Carcinoge-Category), Muta. (Mutagen-Category), Repr. (Toxic for reproduction-Category), T(Toxic); E(Explosive); N(environmental harm)																																																														
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Hearing*		Fine motor control		Please continue on extra sheet																																																														
Balance		Hand-eye co-ordination																																																																
Vision: Acuity - near		Hand-eye-foot co-ord		Please continue on extra sheet																																																														
Acuity - far		Use of both hands required																																																																
Vis fields		Use of both feet required		Please continue on extra sheet																																																														
Depth		Strength (power) (kg)																																																																
Colour		Endurance (fitness)		Please continue on extra sheet																																																														
Night vision																																																																		
Smell		SECONDARY TASKS		Please continue on extra sheet																																																														
Touch		Company Driver (Code___)																																																																
GENERAL		Fork-lift operator		Please continue on extra sheet																																																														
Clarity of speech		Operate haz machinery																																																																
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First Aid		ENVIRONMENT / TASKS		Please continue on extra sheet																																																														
		Climbing ladders/stairs																																																																
PPE REQUIRED		Work at Heights		Please continue on extra sheet																																																														
Hard Hat		Confined spaces																																																																
Eye Protection		Near dangerous machinery		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">PHYSICAL Agents:</th> <th style="width: 10%; color: blue;">CONS</th> <th style="width: 10%; color: blue;">PROB</th> <th style="width: 10%;">PHYSICAL Agents:</th> <th style="width: 10%;">CONS</th> <th style="width: 10%;">PROB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td>Radiation (Ionizing) - xrays</td><td>4</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- alpha / beta / gamma</td><td>4</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>Radiation (N-Ion) - Laser</td><td>2</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- UV (sun, welding)</td><td>4</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- Infra Red (sun, welding)</td><td>2</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- Radio& micro</td><td>2</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- VLF, ELF, mag</td><td>2</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>- EMF</td><td>2</td><td> </td></tr> </tbody> </table>				PHYSICAL Agents:	CONS	PROB	PHYSICAL Agents:	CONS	PROB				Radiation (Ionizing) - xrays	4					- alpha / beta / gamma	4					Radiation (N-Ion) - Laser	2					- UV (sun, welding)	4					- Infra Red (sun, welding)	2					- Radio& micro	2					- VLF, ELF, mag	2					- EMF	2						
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Face Shield		Prolonged sitting		Continue on extra sheet																																																														
Mask		Bending/squatting																																																																
Respirator		Prolonged standing		Continue on extra sheet																																																														
Air hood/ Fume Hood/ Flow cabinet		Uneven or slippery terrain																																																																
Hearing Protection		Poor lighting		Continue on extra sheet																																																														
Overalls/ lab coat		Shift work																																																																
Fleece-lined jacket		Other		Continue on extra sheet																																																														
Safety Belt/Harness		HIGH WORK STRESS																																																																
Gloves		Tight deadlines, time pressure		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">ERGONOMIC Hazards</th> <th style="width: 10%;">Description</th> <th style="width: 10%;">CONS</th> <th style="width: 10%;">PROB</th> </tr> </thead> <tbody> <tr><td> </td><td>Forceful movements</td><td> </td><td> </td></tr> <tr><td> </td><td>Repetitive movements</td><td> </td><td> </td></tr> <tr><td> </td><td>Awkward postures</td><td> </td><td> </td></tr> <tr><td> </td><td>Twisting, rotation</td><td> </td><td> </td></tr> <tr><td> </td><td>Contact pressure</td><td> </td><td> </td></tr> </tbody> </table>				ERGONOMIC Hazards	Description	CONS	PROB		Forceful movements				Repetitive movements				Awkward postures				Twisting, rotation				Contact pressure																																					
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Safety Boots		High decision consequence		Continue on extra sheet																																																														
		Extended (long) working hours																																																																
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Approved by:		Position:		Date:																																																														

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Additional Notes / Photos overleaf

MEDICAL PROTOCOLS TO BE ASSOCIATED WITH THIS OREP

SCREENING REQUIREMENTS	(✓)	IMMUNITY REQUIREMENTS*	(✓)
General Questionnaire		Measles	
Basic Clinal Screen (Ht, Wt, BP, Urine, HGT)		Mumps	
Visual Acuity (VA - near)		Rubella	
Visual Acuity (VA - far)		Tetanus-Diphtheria-Pertussis	
Visual Fields		Varicella	
Depth of Field		Polio	
Colour		Pneumococcus	
Full Clinical Screen		Influenza A/B	
Audiogram		COVID-19	
Spirogram		Hepatitis A	
CXR		Hepatitis B	
Allergy Screen (RAST / SPT)		Hepatitis C	
Antibody Titre		Tuberculosis	
GGT / CDT			
FBC		SPECIAL QUESTIONNAIRE	(✓)
Liver Function		TB Questionnaire	
Other: (Specify)		Ergo Questionnaire	
		Work at Heights Questionnaire	

* Notes to Immunity Requirements:

- | | |
|---------------------------------|--|
| • Measles: | Proof of MMR doses x 2, OR Specific IgG antibody titre for measles |
| • Mumps: | Proof of MMR doses x 2, OR Specific IgG antibody titre for mumps |
| • Rubella: | Proof of MMR doses x 2, OR Specific IgG antibody titre for rubella |
| • Tetanus-Diphtheria-Pertussis: | Proof of Adult Tdap (Boostrix / Adacel) vaccine |
| • Varicella: | Proof of varicella doses x 2, OR Specific IgG antibody titre for varicella |
| • Polio: | Proof of initial immunisation AND 1 booster dose after the age of 14 |
| • Pneumococcus: | Proof of adult vaccination, if indicated (see Table above) |
| • Influenza A/B: | Proof of annual vaccine. |
| • COVID-19: | Proof of primary doses plus at least one booster. Specific IgG Ab titre for COVID-19 |
| | |
| • Hepatitis A: | Specific IgG antibody titre for hepatitis A |
| • Hepatitis B: | Specific IgG antibody titre for hepatitis B (HBsAb) |
| • Hepatitis C: | Specific IgG antibody titre for hepatitis C |
| • Tuberculosis: | Travellers to the USA, the following must be done within the last 12 months: TST x2 (2nd test at least 1 week after the 1st) OR 1x IGRA. |