First report to the Dept Labour / Minerals and Energy* regarding a WORK-RELATED UPPER LIMB DISORDER (WRULD)

FROM:	
Company/mine* name:	
Physical address:	Code:
Postal address:	Code:
Contact person:	
Phone: Fax:	
Cell:	
TO: Provincial Executive Manager of Labour / Regional Principal Inspector of Mines*	
ATTENTION:	
Postal address:	Code:
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The following work-related upper limb disorder was reported as an occupational disease to the Compensation Commissioner at the above-mentioned company/mine*:	
Definitive diagnosis:	
Date of definitive diagnosis:	
Date of reporting to the Compensation Commissioner:	
Alleged cause of this disease:	
Name of employee:	
A copy of the documentation that was sent to the Compensation Commissioner to report this case is attached to this cover letter.	
According to the Compensation Commissioner's Guidelines for Occupational Health Practitioners and Employers to Manage WRULDs, we will submit the following documentation to you in the near future as part of our legal obligation to assess and adequately manage health risks in the workplace:	
Within 3 months after making the definitive diagnosis:	
Ergonomics report	
2. Action steps to: • Implement the ergonomic recommendations	
 Manage health surveillance 	
 Negotiate a health and safety policy on the prevention of 	f WRULDs
Within 6 months after making the definitive diagnosis:	
1. A review on the progress made regarding the implementation of the ergonomics plan of action	
A summary by an occupational health practitioner regarding the pro implementation of a medical surveillance programme.	ogress made in the
 The negotiated policy on the prevention of WRULDs signed by the management, labour union representatives, the Health and Safety Committee and an occupational health practitioner. 	
Signature: Name (print): Date:	

* Delete which is not applicable.