

**Second 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: _____ E-mail: _____

TO: Provincial Executive Manager of Labour / Regional Principal Inspector of Mines*

ATTENTION: _____
Postal address: _____ Code: _____

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: _____
Date of first report to Provincial Executive Manager of Labour or
Regional Principal Inspector of Mines*: _____
Alleged cause of this disease: _____
Name of employee: _____

According to the *Compensation Commissioner's Guidelines for Occupational Health Practitioners and Employers to Manage WRULDs*, we hereby submit the following documentation within 3 months after making the definitive diagnosis as part of our legal obligation to assess and adequately manage health risks in the workplace:

1. Ergonomic report
2. Action steps to:
 - ♦ Implement the ergonomic recommendations
 - ♦ Manage health surveillance
 - ♦ Negotiate a health and safety policy on the prevention of WRULDs

We are also aware that we have to submit a **third report within 6 months** after making the definitive diagnosis containing a:

1. Review on the progress made regarding the implementation of the ergonomic plan of action
2. Summary by an occupational health practitioner regarding the progress made in the implementation of a medical surveillance programme, and
3. Negotiated policy on the prevention of WRULDs signed by the management, labour union representatives and an occupational health practitioner

Signature: _____ **Name (print):** _____ **Date:** _____

* Delete which is not applicable.