

Third 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: <i>Provincial Executive Manager of Labour / Regional Principal Inspector of Mines*</i>	
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 (DME)*: _____
Date of second report to Provincial Executive Manager of Labour or Regional Principal Inspector of Mines (DME)*: _____
Alleged cause of this disease: _____
Name of employee: _____

According to the <i>Compensation Commissioner's Guidelines for Occupational Health Practitioners and Employers to Manage WRULDs</i>, we hereby submit the following documentation <u>within 6 months after making the definitive diagnosis</u> as part of our legal obligation to assess and adequately manage health risks in the workplace:
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