

# CONTINUOUS TUNNEL WASHER (CTW) ENTRY

## PRE-ENTRY CHECK OF FITNESS TO WORK

The TSA Code of Practice for the Safe Operation of Continuous Tunnel Washers recommends that a medical assessment is carried out and a record kept for persons who may enter CTWs. There is an additional requirement to check the person's condition immediately prior to entry. This is NOT intended to be a medical check, but to provide an opportunity for the person and his manager to calmly consider reasons why the person ought not to make the entry. It has the form of a self-assessment to be undertaken in the presence of the person's manager, with a declaration signed by both. The questionnaire below is a guide to this requirement and is intended to give it structure. Companies are advised to check the contents with their medical adviser.

This requirement extends to a contractor undertaking the entry and the customer (equipment owner/operator) should request such confirmation together with all standard risk and method statement documentation. This is particularly important if the persons entering or working simultaneously externally to the CTW are employed each by the customer and the contractor and thus have a shared responsibility for each others' welfare.

- **CONFIRMATION OF CURRENT FITNESS**

It is the person's responsibility to notify his employer of any changes in condition since the medical assessment which may adversely affect the ability to undertake the task. It is also the responsibility of the employer to take due regard of any obvious and relevant changes in the condition or state of health of the person. In the event of dispute, the employer has the authority to decide whether the person is fit, but the person must always declare willingness to carry out the task.

- **AGREEMENT**

I am aware of the detail stated on my medical assessment dated .....

I have completed the following questionnaire in the presence of my manager:

**IF ANY ANSWER IS 'YES', GIVE FURTHER DETAILS:**

In the last week, are you are aware has there been a change in your current physical and psychological condition?	(cross out as applicable)
Is there any reason why you should not be present to undertake your normal work duties or this task?	YES NO
Have you consumed alcohol within the last 24h?	YES NO
Are you currently taking prescribed medication?	YES NO
Have you in the last 2 weeks experienced convulsion or loss/disturbance in consciousness or dizziness?	YES NO
Do you have a head-ache, influenza or cold symptoms?	YES NO
Do you have any un-healed, unprotected cuts or wounds?	YES NO
Do you have any musculo-skeletal injury/restriction which impairs the required mobility for this task?	YES NO
Have you had abnormal sleep/rest over the last 48h?	YES NO
Have you eaten abnormally over the last 24h?	YES NO
I am competent, prepared, willing and fit NOW to undertake the work for which I have been trained involving entry and working within a CTW.	YES NO

**NAME:**

**POSITION:**

**COMPANY:**

**SIGNED:**

**DATE:**

**TIME:**

I am the manager responsible for .....

I agree that to the best of my knowledge the above statement and details are true and correct and I have no reason to doubt or question the detail.

***THE OPERATOR IS CONSIDERED FIT/UNFIT TO UNDERTAKE THE TASK ON THIS OCCASION.***

**NAME :**

**POSITION:**

**COMPANY:**

**SIGNED:**

**DATE:**

**TIME:**

**This declaration of agreement can apply to one person only.**