

FACTORIES AND INDUSTRIAL UNDERTAKINGS (WORK IN COMPRESSED AIR) REGULATIONS

COMPRESSED AIR WORKER'S INDIVIDUAL AIR RECORD

Contract:

Name of worker: Date of birth:

Identification:

Occupation: Shift worker: *Yes/No*

Total days employed in compressed air:

Date	Length of each shift	Maximum pressure	Decanting time (if applicable)	Shift			Bends		Symptoms not treated
			* WP to WP	†D	B	N	Type 1	Type 2	

* WP = working pressure

†D = Day

B = Back

N = Night

