Appendix 1

MBABANE INFORMAL MECHANICAL INDUSTRIAL SECTOR STUDY

QUESTIONNAIRE AND OBSERVER CHECK LIST

1. **Survey carried out by** ……**and.**
2. **Link No.**

   ……
3. **Date**

   ……
4. **Location:**

   Mbabane East □

   Mbabane West □

   Mbabane South □

   Mbabane North □

5. **Description of tasks (done by manager and individual workers, if space is not enough use back of this page)**

   ……

   ……

   ……

   ……

   ……

6. **Work hours per day**

   a. Manager

   Less than 8 hours □

   8 hours □

   More than 8 hours □

b. Workers

Less than 8 hours □

8 hours □

More than 8 hours □

c. If work hours differ according to work done and /or worker, specify hours per worker. …….

……

……

(if more space is needed use back of this page)

General:

7. House keeping

Separation of work area and walkway

Yes □

No □

8. Condition of working surfaces and floors

Smooth □

Rough □

9. Waste material management

a) Waste stored:

Yes □

No □

b) Waste disposed of:

Yes □

No □

c) If yes, to above, specify manner of disposal ----------

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10. Posture while working

a) Bending

Yes □

No □

b) Arms above shoulder

Yes □

No □

c) Worker can do work standing and seated:

Yes □

No □

11. Sanitary facilities available:

Yes □

No □

If yes, to above, specify type ----------

Spray Painting:

12. How is the process?

Closed □

Open □

13. How does the worker interact with emission?

Source → air → worker □

(air blows pass emission source before reaching worker)

Worker → air → source □

(air blows to worker before reaching source of emission)

14. Type of emission:

Solvents □

Paint □

Adhesives □

Sealers □

15. a) Type(s) of protective equipment?

Overall □

Respirator □

Other breathing apparatus □

None □

b) If PPE is available, specify what it is for ----------

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16. Other emission control measures

Existing □

Not existing □

17. If they exist specify ----------

Welding

18. Safety against electric shock:

a) Electricity supply:

More than 110 volts □

Less than 110 volts □

19. Are no-load, low voltage devices (25-30volts) used when welding is not taking place?

Yes □

No □

20. Protection for the eyes and head:

a) Is eye and head protection for the welder provided?

Yes □

No □

b) If yes, to above, specify the PPE provided ----------

---

c) Is the worker using the PPE provided?

Yes □

No □

21. Respiratory Protection:

Is respiratory protection provided to the welder?

Yes □

No □

If yes, to above, specify means of protection ----------

---

c) Is the worker using the PPE provided?

Yes □

No □

22. Protection for hands:

Leather gauntlet gloves with canvas or cuffs □

Gloves with shorter cuffs and separate sleeves □

None □

Is the worker using the PPE provided?

Yes □

No □

23. When removing slag after welding, are clear goggles used?

Yes □

No □

24. a) Is welding done in booth:

Yes □

No □

b) If yes, to above, is access controlled?

Yes □

No □

25. Fire risk:

a) Is the workplace and its surroundings clear of anything that may catch fire?

Yes □

No □

b) Are fire extinguishers available?

Yes □

No □

c) If yes, to above, specify date of last service ----------

26. Precautions against burns:

a) When the operator is working, his sleeves are rolled up and hands and forearms without gloves or sleeves?

Yes □

No □

b) If burnt, does the worker know how to treat it?

Yes □

No □

c) If yes, to above, specify how he treats burns ----------

---- ----------

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27. First Aid:

a) Is First aid kit available?

Yes □

No □

b) Does First aid kit have the necessary medicines, bandages and equipment?

Yes □

No □

28. **a) Are workers working in areas at risk of electric shock trained**

in application of artificial respiration?

Yes □

No □

b) If yes, to above, specify proportion of trained workers --------

----

29. Car maintenance:

a) Exhaust repairs

Personal protective equipment used:

Yes □

No □

b) If yes, to above, specify type PPE ----------

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c) Exposure to solvents?

Yes □

No □

d) If yes, to above, specify type of solvents ----------

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e) Any other type of exposure?

Yes □

No □

f) If yes, to above, specify type of exposure----------

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g) Any method used to dispose of oil waste?

Yes □

No □

h) If yes, to above specify method of disposal ----------

Appendix 2:

CONSENT FORM

Enquiries: **Mr RM Mamba**
P.O Box 961
Mbabane
Tel no. 4041231, Fax no.4044330

Hello, I am Richard Mfana Mamba a student at the University of the Witwatersrand. I am doing a Masters of Public Health. As part of this course I am to do research and I have chosen to carry out an assessment of occupational health and safety in the informal mechanical industrial sector in Mbabane.

I am inviting you to participate in this study. Your participation will be highly valuable to us. The information you will provide will help improve health and safety conditions in all workplaces falling under this sector. The aim of the study is to describe this sector and identify jobs that are associated with occupational health and safety risks. The assessment will be on the sector as a whole. Your participation in this study is voluntary and you are free to withdraw at any time during the study. There will be no bad consequences to you if you refuse to participate or withdraw from the study. Results of the study will be made known to you.

A questionnaire will be administered to gather information on the informal mechanical industrial sector. The questionnaire will be used to ask you questions. No information about you and your workplace will be disclosed to anyone and you do not have to disclose your personal details to us. Should you NOT want to answer any questions you are free to refuse. No negative thing will happen to you as a result of information you give towards the study. If you do take part in this study, the information you give will be treated confidentially.

Pledge:

I understand the aims and conditions of this study. I consent to participate in this study.

I ---------- ----------

(Full name) (Signature)

(Date)

Appendix 3

22-APR-2004 08:16 FROM: TO:0926840443330 P:1/1

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Mamba

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M040112**
PROJECT indus secto in Mbabane	Assessemnt of occup health/safety in informal mech
INVESTIGATORS	Mr R M Mamba
DEPARTMENT	Min.Natural Resouces Swaziland
DATE CONSIDERED	30:01:04
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 04.01.16 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr H Moomal

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix 4

Faculty of Health Sciences
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24655.SA
FAX 643-4318 TELEPHONE 717-2075/2076
E-MAIL healthpg@health.wits.ac.za

MR RM MAMBA
P O BOX 5
MBABANE
H100
SWAZILAND

APPLICATION NUMBER 0215978H
STATUS (DEG 37) (MM816) PZZ

2004-08-28

Dear Mr Mamba

Approval of protocol entitled An assessment of occupational health and safety in the informal mechanical industrial sector in Mbabane with special focus on car maintenance, welding and spray painting

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Public Health (Part-Time) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Dr H Moomal has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

S Benn (Mrs)
Faculty Registrar
Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department_____Supervisor/s