Annex 2 List of employees according to SAMV[[1]](#footnote-1)

**The form and layout of this list are left to the employer. It might be possible to simply add the details requested here to an already existing list.**

The employees of **(company name)** named below work with Group 2 microorganisms. The following details are of importance with regard to occupational medicine:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Entry | Exit | Organisms | Nature of the work | Medical action required (e.g. inoculation)?  Yes/No | Health file available?  Yes/No | Doctor responsible |
| … | **…** | **…** | **…** | **…** | Yes | Yes **(obligatory)** | **…** |
| … | **…** | **…** | **…** | **…** | No | No | **…** |

In addition to the employees’ names, the following must be listed, if applicable (SAMV Art. 13):

all employees who are or were exposed to Group 3 or 4 microorganisms

* accidents and incidents with microorganisms; see health file and report sheet for laboratory incidents.

|  |  |
| --- | --- |
| Compiled/authorized |  |
| Date |  |

1. [↑](#footnote-ref-1)