

Personnel Questionnaire - Risks / Hazards

| | | | | | |
|--|-------------------------------------|-------------------------------------|-----|--------|------|
| Name: | Emm Clark | | | | |
| Date: | 18-12-78 | | | | |
| | Yes | No | Low | Medium | High |
| Personal and Personal Working Area | <input checked="" type="checkbox"/> | | | | |
| Is the work area clean and tidy? | <input checked="" type="checkbox"/> | | | | |
| Is there sufficient lighting? | <input checked="" type="checkbox"/> | | | | |
| Is the temperature comfortable? | <input checked="" type="checkbox"/> | | | | |
| Is there adequate heating and ventilation in the working area? | <input checked="" type="checkbox"/> | | | | |
| Is the area around the workstation / workbench clear of any obstructions? | <input checked="" type="checkbox"/> | | | | |
| Are walkways clear of obstructions? | <input checked="" type="checkbox"/> | | | | |
| Are items stacked on shelving properly? | <input checked="" type="checkbox"/> | | | | |
| Is the flooring slippery, uneven, sloped or have holes? | | <input checked="" type="checkbox"/> | | | |
| Is there any loose or ripped carpeting? | <input checked="" type="checkbox"/> | | | | |
| Are radiators clear of anything combustible? | | <input checked="" type="checkbox"/> | | | |
| Do any cables or wires run across the floor? | <input checked="" type="checkbox"/> | | | | |
| Are all electrical cables in good condition? | <input checked="" type="checkbox"/> | | | | |
| Is there space within and around the workstation / workbench to work? | <input checked="" type="checkbox"/> | | | | |
| Are there any sources of distracting noise? | | <input checked="" type="checkbox"/> | | | |
| Are there any problems with static electricity? | <input checked="" type="checkbox"/> | | | | |
| Is there a Fire extinguisher in the working area? | <input checked="" type="checkbox"/> | | | | |
| Have you been trained in the use of Fire extinguishers and fire prevention techniques? | <input checked="" type="checkbox"/> | | | | |
| Do you know that information on fire extinguishers location and use is in intrastats? | <input checked="" type="checkbox"/> | | | | |
| Do you know what to do in the event of a fire? | <input checked="" type="checkbox"/> | | | | |
| Are you aware of the fire assembly point? | <input checked="" type="checkbox"/> | | | | |
| Do you know what and where the fire alarm is? | <input checked="" type="checkbox"/> | | | | |
| Is protective clothing and equipment provided? | <input checked="" type="checkbox"/> | | | | |
| Is it effective? | | <input checked="" type="checkbox"/> | | | |
| Do you have a pre-existing medical condition or health problem? | | <input checked="" type="checkbox"/> | | | |
| Are you pregnant? | | | | | |

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| Personal and Personal Working Area | Yes | No | Low | Medium | High |
|---|-----|----|-----|--------|------|
| Does the task involve holding a load away from your body? | ✓ | | ✓ | | |
| Does the task involve reaching upwards? | ✓ | | ✓ | | |
| Does the task involve strenuous pushing or pulling? | ✓ | | ✓ | | |
| Does the task involve moving or carrying a load over a long distance? | | ✓ | ✓ | | |
| Does the task involve excessive or continuous lifting? | ✓ | | | ✓ | |
| Does the task involve stooping to lift or lower the load? | | ✓ | | | |
| Does the task involve twisting the trunk? | | ✓ | ✓ | | |
| Does the task involve repetitive or prolonged handling? | ✓ | | ✓ | | |
| Does the task involve unusual strength or height? | | ✓ | | | |
| Does the task involve sudden / unpredictable movements? | | ✓ | | | |
| Are there others to assist with lifting? | ✓ | | ✓ | | |
| Are packages heavy? | ✓ | | ✓ | | |
| Are packages bulky? | ✓ | | ✓ | | |
| Are packages difficult to hold? | | ✓ | ✓ | | |
| Are packages unstable? | | ✓ | ✓ | | |
| Do packages have contents that are sharp? | | ✓ | | | |
| Do packages have contents that are awkward in size? | ✓ | | | | |
| Do packages have contents that are potentially dangerous? | | ✓ | | | |
| Do packages have contents that are likely to move? | | ✓ | | | |
| Do packages have Hazardous substances present? | | ✓ | | | |
| Have you been trained on good ergonomic practices? | ✓ | | | | |
| Have you been given all available information on the use of display screen equipment? | ✓ | | | | |
| Is there a system for users to report faults relating to display screen work? | ✓ | | | | |
| Are you taking appropriate breaks from display screen work? | ✓ | | | | |
| Is your chair in good working condition and adjustable? | ✓ | | | | |
| Do you sit correctly in the chair? | ✓ | | | | |
| Can you place both feet flat on the floor? | ✓ | | | | |
| If not, is a footrest provided? | | | | | |
| Is your chair adjusted to the proper height for your display screen? | ✓ | | | | |
| Is the desk high enough for use with display screen equipment? | ✓ | | | | |
| Is the screen free from glare and reflections? | ✓ | | | | |
| If not, is a screen filter provided? | | | | | |
| Can you work comfortably at your workstation? | ✓ | | | | |

Personnel Questionnaire - Risks / Hazards

| Name: | Josh Leighton | | | | |
|--|---------------|----|-----|--------|------|
| Date: | 18/12/18 | | | | |
| Personal and Personal Working Area | Yes | No | Low | Medium | High |
| Is the work area clean and tidy? | ✓ | | | | |
| Is there sufficient lighting? | ✓ | | | | |
| Is the temperature comfortable? | ✓ | | | | |
| Is there adequate heating and ventilation in the working area? | ✓ | | | | |
| Is the area around the workstation / workbench clear of any obstructions? | ✓ | | | | |
| Are walkways clear of obstructions? | ✓ | | | | |
| Are items stacked on shelving properly? | ✓ | | | | |
| Is the flooring slippery, uneven, sloped or have holes? | | ✓ | | | |
| Is there any loose or ripped carpeting? | | ✓ | | | |
| Are radiators clear of anything combustible? | ✓ | | | | |
| Do any cables or wires run across the floor? | | ✓ | | | |
| Are all electrical cables in good condition? | ✓ | | | | |
| Is there space within and around the workstation / workbench to work? | ✓ | | | | |
| Are there any sources of distracting noise? | | ✓ | | | |
| Are there any problems with static electricity? | | ✓ | | | |
| Is there a Fire extinguisher in the working area? | ✓ | | | | |
| Have you been trained in the use of Fire extinguishers and fire prevention techniques? | | ✓ | | | |
| Do you know that information on fire extinguishers location and use is in intrastats? | ✓ | | | | |
| Do you know what to do in the event of a fire? | ✓ | | | | |
| Are you aware of the fire assembly point? | ✓ | | | | |
| Do you know what and where the fire alarm is? | ✓ | | | | |
| Is protective clothing and equipment provided? | | ✓ | | | |
| Is it effective? | | ✓ | | | |
| Do you have a pre-existing medical condition or health problem? | ✓ | | ✓ | | |
| Are you pregnant? | | ✓ | | | |

| Personal and Personal Working Area | Yes | No | Low | Medium | High |
|---|-----|----|-----|--------|------|
| Does the task involve holding a load away from your body? | | ✓ | | | |
| Does the task involve reaching upwards? | ✓ | | ✓ | | |
| Does the task involve strenuous pushing or pulling? | | ✓ | | | |
| Does the task involve moving or carrying a load over a long distance? | | ✓ | | | |
| Does the task involve excessive or continuous lifting? | | ✓ | | | |
| Does the task involve stooping to lift or lower the load? | | ✓ | | | |
| Does the task involve twisting the trunk? | | ✓ | | | |
| Does the task involve repetitive or prolonged handling? | ✓ | | ✓ | | |
| Does the task involve unusual strength or height? | | ✓ | | | |
| Does the task involve sudden / unpredictable movements? | | ✓ | | | |
| Are there others to assist with lifting? | ✓ | | | | |
| Are packages heavy? | ✓ | ✓ | | | |
| Are packages bulky? | | | ✓ | ✓ | |
| Are packages difficult to hold? | | ✓ | | | |
| Are packages unstable? | | ✓ | | | |
| Do packages have contents that are sharp? | | | ✓ | | |
| Do packages have contents that are awkward in size? | | | ✓ | | |
| Do packages have contents that are potentially dangerous? | | | ✓ | | |
| Do packages have contents that are likely to move? | | | ✓ | | |
| Do packages have Hazardous substances present? | | ✓ | | ✓ | |
| Have you been trained on good ergonomic practices? | | ✓ | ✓ | | |
| Have you been given all available information on the use of display screen equipment? | | | ✓ | | |
| Is there a system for users to report faults relating to display screen work? | ✓ | | | | |
| Are you taking appropriate breaks from display screen work? | ✓ | | | | |
| Is your chair in good working condition and adjustable? | ✓ | | | | |
| Do you sit correctly in the chair? | ✓ | | | | |
| Can you place both feet flat on the floor? | ✓ | | | | |
| If not, is a footrest provided? | ✓ | ✗ | | | |
| Is your chair adjusted to the proper height for your display screen? | ✓ | | | | |
| Is the desk high enough for use with display screen equipment? | ✓ | | | | |
| Is the screen free from glare and reflections? | ✓ | | | | |
| If not, is a screen filter provided? | | ✓ | ✓ | | |
| Can you work comfortably at your workstation? | ✓ | | | | |

Personnel Questionnaire - Risks / Hazards

| Name: <u>M. GREEN</u> | | | | | |
|--|-----|----|-----|--------|------|
| Date: <u>21-12-18</u> | | | | | |
| Personal and Personal Working Area | Yes | No | Low | Medium | High |
| Is the work area clean and tidy? | ✓ | | ✓ | | |
| Is there sufficient lighting? | ✓ | | ✓ | | |
| Is the temperature comfortable? | ✓ | | ✓ | | |
| Is there adequate heating and ventilation in the working area? | ✓ | | ✓ | | |
| Is the area around the workstation / workbench clear of any obstructions? | ✓ | | ✓ | | |
| Are walkways clear of obstructions? | ✓ | | ✓ | | |
| Are items stacked on shelving properly? | ✓ | | ✓ | | |
| Is the flooring slippery, uneven, sloped or have holes? | ✓ | | | ✓ | |
| Is there any loose or ripped carpeting? | | ✓ | ✓ | | |
| Are radiators clear of anything combustible? | ✓ | | ✓ | | |
| Do any cables or wires run across the floor? | | ✓ | ✓ | | |
| Are all electrical cables in good condition? | ✓ | | ✓ | | |
| Is there space within and around the workstation / workbench to work? | ✓ | | ✓ | | |
| Are there any sources of distracting noise? | | ✓ | ✓ | | |
| Are there any problems with static electricity? | | ✓ | ✓ | | |
| Is there a Fire extinguisher in the working area? | ✓ | | ✓ | | |
| Have you been trained in the use of Fire extinguishers and fire prevention techniques? | ✓ | | ✓ | | |
| Do you know that information on fire extinguishers location and use is in intrastats? | ✓ | | ✓ | | |
| Do you know what to do in the event of a fire? | ✓ | | ✓ | | |
| Are you aware of the fire assembly point? | ✓ | | ✓ | | |
| Do you know what and where the fire alarm is? | ✓ | | ✓ | | |
| Is protective clothing and equipment provided? | ✓ | | ✓ | | |
| Is it effective? | ✓ | | ✓ | | |
| Do you have a pre-existing medical condition or health problem? | ✓ | | ✓ | | |
| Are you pregnant? | | ✓ | ✓ | | |

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| Personal and Personal Working Area | Yes | No | Low | Medium | High |
|---|-----|----|-----|--------|------|
| Does the task involve holding a load away from your body? | | / | / | | |
| Does the task involve reaching upwards? | | / | / | | |
| Does the task involve strenuous pushing or pulling? | | / | / | | |
| Does the task involve moving or carrying a load over a long distance? | | / | / | | |
| Does the task involve excessive or continuous lifting? | | / | / | | |
| Does the task involve stooping to lift or lower the load? | | / | / | | |
| Does the task involve twisting the trunk? | | / | / | | |
| Does the task involve repetitive or prolonged handling? | | / | / | | |
| Does the task involve unusual strength or height? | | / | / | | |
| Does the task involve sudden / unpredictable movements? | | / | / | | |
| Are there others to assist with lifting? | / | | / | | |
| Are packages heavy? | | / | / | | |
| Are packages bulky? | | / | / | | |
| Are packages difficult to hold? | | / | / | | |
| Are packages unstable? | | / | / | | |
| Do packages have contents that are sharp? | | / | / | | |
| Do packages have contents that are awkward in size? | | / | / | | |
| Do packages have contents that are potentially dangerous? | / | | / | | |
| Do packages have contents that are likely to move? | | / | / | | |
| Do packages have Hazardous substances present? | / | | / | | |
| Have you been trained on good ergonomic practices? | / | | / | | |
| Have you been given all available information on the use of display screen equipment? | / | | / | | |
| Is there a system for users to report faults relating to display screen work? | / | | / | | |
| Are you taking appropriate breaks from display screen work? | / | | / | | |
| Is your chair in good working condition and adjustable? | / | | / | | |
| Do you sit correctly in the chair? | / | | / | | |
| Can you place both feet flat on the floor? | / | | / | | |
| If not, is a footrest provided? | / | | / | | |
| Is your chair adjusted to the proper height for your display screen? | / | | / | | |
| Is the desk high enough for use with display screen equipment? | / | | / | | |
| Is the screen free from glare and reflections? | / | | / | | |
| If not, is a screen filter provided? | / | | / | | |
| Can you work comfortably at your workstation? | / | | / | | |

Personnel Questionnaire - Risks / Hazards

Name: S. Niyon

Date: 20/12/18

| | Yes | No | Low | Medium | High |
|--|-----|----|-----|--------|------|
| Personal and Personal Working Area | | | | | |
| Is the work area clean and tidy? | ✓ | | ✓ | | |
| Is there sufficient lighting? | ✓ | | ✓ | | |
| Is the temperature comfortable? <u>CAN BE COLD</u> | ✓ | | ✓ | | |
| Is there adequate heating and ventilation in the working area? | ✓ | | ✓ | | |
| Is the area around the workstation / workbench clear of any obstructions? | ✓ | | ✓ | | |
| Are walkways clear of obstructions? | ✓ | | ✓ | | |
| Are items stacked on shelving properly? | | ✓ | ✓ | | |
| Is the flooring slippery, uneven, sloped or have holes? | | ✓ | ✓ | | |
| Is there any loose or ripped carpeting? | ✓ | | ✓ | | |
| Are radiators clear of anything combustible? | | ✓ | ✓ | | |
| Do any cables or wires run across the floor? | ✓ | | ✓ | | |
| Are all electrical cables in good condition? | ✓ | | ✓ | | |
| Is there space within and around the workstation / workbench to work? | ✓ | | ✓ | | |
| Are there any sources of distracting noise? <u>ROAD NOISE, OFFICES</u> | | ✓ | ✓ | | |
| Are there any problems with static electricity? | | ✓ | ✓ | | |
| Is there a Fire extinguisher in the working area? | ✓ | | ✓ | | |
| Have you been trained in the use of Fire extinguishers and fire prevention techniques? | ✓ | | ✓ | | |
| Do you know that information on fire extinguishers location and use is in intrastats? | ✓ | | ✓ | | |
| Do you know what to do in the event of a fire? | ✓ | | ✓ | | |
| Are you aware of the fire assembly point? | ✓ | | ✓ | | |
| Do you know what and where the fire alarm is? | | ✓ | ✓ | | |
| Is protective clothing and equipment provided? | ✓ | | ✓ | | |
| Is it effective? | ✓ | | ✓ | | |
| Do you have a pre-existing medical condition or health problem? | | ✓ | | | |
| Are you pregnant? | | | | | |

| Personal and Personal Working Area | Yes | No | Low | Medium | High |
|---|-----|----|-----|--------|------|
| Does the task involve holding a load away from your body? | | ✓ | ✓ | | |
| Does the task involve reaching upwards? | | ✓ | ✓ | | |
| Does the task involve strenuous pushing or pulling? | | ✓ | ✓ | | |
| Does the task involve moving or carrying a load over a long distance? | | ✓ | ✓ | | |
| Does the task involve excessive or continuous lifting? | | ✓ | ✓ | | |
| Does the task involve stooping to lift or lower the load? | | ✓ | ✓ | | |
| Does the task involve twisting the trunk? | | ✓ | ✓ | | |
| Does the task involve repetitive or prolonged handling? | | ✓ | ✓ | | |
| Does the task involve unusual strength or height? | | ✓ | ✓ | | |
| Does the task involve sudden / unpredictable movements? | ✓ | | | | |
| Are there others to assist with lifting? | | | | | |
| Are packages heavy? | | | | | |
| Are packages bulky? | | | | | |
| Are packages difficult to hold? | | | | | |
| Are packages unstable? | | | | | |
| Do packages have contents that are sharp? | | | | | |
| Do packages have contents that are awkward in size? | | | | | |
| Do packages have contents that are potentially dangerous? | | | | | |
| Do packages have contents that are likely to move? | | | | | |
| Do packages have Hazardous substances present? | | ✓ | ✓ | | |
| Have you been trained on good ergonomic practices? | ✓ | | ✓ | | |
| Have you been given all available information on the use of display screen equipment? | ✓ | | ✓ | | |
| Is there a system for users to report faults relating to display screen work? | ✓ | | ✓ | | |
| Are you taking appropriate breaks from display screen work? | ✓ | | ✓ | | |
| Is your chair in good working condition and adjustable? | ✓ | | ✓ | | |
| Do you sit correctly in the chair? | ✓ | | ✓ | | |
| Can you place both feet flat on the floor? | | | ✓ | | |
| If not, is a footrest provided? | ✓ | | ✓ | | |
| Is your chair adjusted to the proper height for your display screen? | ✓ | | ✓ | | |
| Is the desk high enough for use with display screen equipment? | ✓ | | ✓ | | |
| Is the screen free from glare and reflections? | ✓ | | ✓ | | |
| If not, is a screen filter provided? | ✓ | | ✓ | | |
| Can you work comfortably at your workstation? | | | | | |

Personnel Questionnaire - Risks / Hazards

| | | | | | |
|--|-----------|----|-----|--------|------|
| Name: | Gail Bell | | | | |
| Date: | 2-1-19. | | | | |
| Personal and Personal Working Area | Yes | No | Low | Medium | High |
| Is the work area clean and tidy? | ✓ | | | | |
| Is there sufficient lighting? | ✓ | | | | |
| Is the temperature comfortable? | | | | ✓ | |
| Is there adequate heating and ventilation in the working area? | ✓ | | | | |
| Is the area around the workstation / workbench clear of any obstructions? | ✓ | ✓ | | | |
| Are walkways clear of obstructions? | ✓ | | | | |
| Are items stacked on shelving properly? | ✓ | | | | |
| Is the flooring slippery, uneven, sloped or have holes? | | ✓ | | | |
| Is there any loose or ripped carpeting? | | ✓ | | | |
| Are radiators clear of anything combustible? | ✓ | | | | |
| Do any cables or wires run across the floor? | | ✓ | | | |
| Are all electrical cables in good condition? | ✓ | | | | |
| Is there space within and around the workstation / workbench to work? | ✓ | | | | |
| Are there any sources of distracting noise? | | ✓ | | | |
| Are there any problems with static electricity? | | ✓ | | | |
| Is there a Fire extinguisher in the working area? | ✓ | | | | |
| Have you been trained in the use of Fire extinguishers and fire prevention techniques? | | ✓ | | | |
| Do you know that information on fire extinguishers location and use is in intrastats? | | ✓ | | | |
| Do you know what to do in the event of a fire? | | ✓ | | | |
| Are you aware of the fire assembly point? | | ✓ | | | |
| Do you know what and where the fire alarm is? | | ✓ | | | |
| Is protective clothing and equipment provided? | | ✓ | | | |
| Is it effective? | | ✓ | | | |
| Do you have a pre-existing medical condition or health problem? | ✓ | | ✓ | | |
| Are you pregnant? | | ✓ | | | |

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| Personal and Personal Working Area | Yes | No | Low | Medium | High |
|---|-----|----|-----|--------|------|
| Does the task involve holding a load away from your body? | | ✓ | | | |
| Does the task involve reaching upwards? | | | | ✓ | |
| Does the task involve strenuous pushing or pulling? | | ✓ | | | |
| Does the task involve moving or carrying a load over a long distance? | | ✓ | | | |
| Does the task involve excessive or continuous lifting? | | | ✓ | | |
| Does the task involve stooping to lift or lower the load? | | ✓ | | | |
| Does the task involve twisting the trunk? | | | ✓ | | |
| Does the task involve repetitive or prolonged handling? | ✓ | | | | |
| Does the task involve unusual strength or height? | | ✓ | | | |
| Does the task involve sudden / unpredictable movements? | | ✓ | | | |
| Are there others to assist with lifting? | ✓ | | | | |
| Are packages heavy? | | ✓ | | | |
| Are packages bulky? | | | ✓ | | |
| Are packages difficult to hold? | | ✓ | | | |
| Are packages unstable? | | ✓ | | | |
| Do packages have contents that are sharp? | | | ✓ | | |
| Do packages have contents that are awkward in size? | | ✓ | | | |
| Do packages have contents that are potentially dangerous? | | ✓ | | | |
| Do packages have contents that are likely to move? | | ✓ | | | |
| Do packages have Hazardous substances present? | | | ✓ | | |
| Have you been trained on good ergonomic practices? | | ✓ | | | |
| Have you been given all available information on the use of display screen equipment? | ✓ | | | | |
| Is there a system for users to report faults relating to display screen work? | ✓ | | | | |
| Are you taking appropriate breaks from display screen work? | ✓ | | | | |
| Is your chair in good working condition and adjustable? | ✓ | | | | |
| Do you sit correctly in the chair? | ✓ | | | | |
| Can you place both feet flat on the floor? | ✓ | | | | |
| If not, is a footrest provided? | | | | | |
| Is your chair adjusted to the proper height for your display screen? | ✓ | | | | |
| Is the desk high enough for use with display screen equipment? | ✓ | | | | |
| Is the screen free from glare and reflections? | ✓ | | | | |
| If not, is a screen filter provided? | | | | | |
| Can you work comfortably at your workstation? | ✓ | | | | |