

<u>Personnel Questionnaire - Risks / Hazards</u>					
Name:			Area:		
Date:			If there is a problem what is the Level of Risk?		
Personal and Personal Working Area			Yes	No	Low Medium High
1	Is the work area clean and tidy?				
2	Is there sufficient lighting?				
3	Is the temperature comfortable?				
4	Is there adequate heating and ventilation in your working area?				
5	Is the area around the workstation / workbench clear of any obstructions?				
6	Are walkways clear of obstructions?				
7	Are items stacked on shelving properly?				
8	Is the flooring: slippery, uneven, sloped or have holes?				
9	Is there any loose or ripped carpeting?				
10	Are radiators clear of anything combustible?				
11	Do any cables or wires run across the floor?				
12	Are all electrical cables in good condition?				
13	Is there space within and around the workstation / workbench to work?				
14	Are there any sources of distracting noise?				
15	Are there any problems with static electricity?				
16	Is there a Fire extinguisher in the working area?				
17	Have you been trained in the use of Fire extinguishers and fire prevention techniques?				
18	Do you know that information on fire extinguishers location and use is in intrastats?				

Sheet1

19	Do you know what to do in the event of a fire?					
20	Are you aware of the fire assembly point?					
21	Do you know what and where the fire alarm is?					
22	Is protective clothing and equipment provided?					
23	Is it effective?					
24	Do you have a pre-existing medical condition or health problem?					
25	Are you pregnant?					
26	Does the task involve holding a load away from your body?					
27	Does the task involve reaching upwards?					
28	Does the task involve strenuous pushing or pulling?					
29	Does the task involve moving or carrying a load over a long distance?					
30	Does the task involve excessive or continuous lifting?					
31	Does the task involve stooping to lift or lower the load?					
32	Does the task involve twisting the trunk?					
33	Does the task involve repetitive or prolonged handling?					
34	Does the task involve unusual strength or height?					
35	Does the task involve sudden / unpredictable movements?					
36	Are there others to assist with lifting?					
37	Are packages heavy?					
38	Are packages bulky?					
39	Are packages difficult to hold?					
40	Are packages unstable?					

Sheet1

41	Do packages have contents that are sharp?					
42	Do packages have contents that are awkward in size?					
43	Do packages have contents that are potentially dangerous?					
44	Do packages have contents that are likely to move?					
45	Do packages have Hazardous substances present?					
46	Have you been trained on good ergonomic practices?					
47	Have you been given all available information on the use of display screen equipment?					
48	Is there a system to report faults relating to equipment including display, computer etc?					
49	Are you taking appropriate breaks from your computer screen?					
50	Is your chair in good working condition and adjustable?					
51	Do you sit correctly in the chair?					
52	Can you place both feet flat on the floor?					
53	If not, is a footrest provided?					
54	Is your chair adjusted to the proper height for your work station?					
55	Is the desk high enough for you to sit comfortably?					
56	Can you work comfortably at your workstation?					
57	Is the screen free from glare and reflections?					
58	If not, is a screen filter provided?					
59	Do you know you Viamed pays for your annual eye tests?					
60	Do you have yours eyes tested annually?					