

Personnel Questionnaire - Risks / Hazards

<b>Name:</b> <u>Catrin Telling</u>		<b>Area:</b>				
<b>Date:</b> <u>3/9/19</u>		<b>Is this a problem?</b>		<b>If this is a problem what is the Level of Risk?</b>		
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
1	Is the work area clean and tidy?	<input checked="" type="checkbox"/>				
2	Is there sufficient lighting?	<input checked="" type="checkbox"/>				
3	Is the temperature comfortable?	<input checked="" type="checkbox"/>				
4	Is there adequate heating and ventilation in your working area?	<input checked="" type="checkbox"/>				
5	Is the area around the workstation / workbench clear of any obstructions?	<input checked="" type="checkbox"/>				
6	Are walkways clear of obstructions?	<input checked="" type="checkbox"/>				
7	Are items stacked on shelving properly?	<input checked="" type="checkbox"/>				
8	Is the flooring: slippery, uneven, sloped or have holes?		<input checked="" type="checkbox"/>			
9	Is there any loose or ripped carpeting?		<input checked="" type="checkbox"/>			
10	Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>				
11	Do any cables or wires run across the floor?		<input checked="" type="checkbox"/>			
12	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>				
13	Is there space within and around the workstation / workbench to work?	<input checked="" type="checkbox"/>				
14	Are there any sources of distracting noise?		<input checked="" type="checkbox"/>			
15	Are there any problems with static electricity?		<input checked="" type="checkbox"/>			
16	Is there a Fire extinguisher in the working area?	<input checked="" type="checkbox"/>				
17	Have you been trained in the use of Fire extinguishers and fire prevention techniques?		<input checked="" type="checkbox"/>			
18	Do you know that information on fire extinguishers location and use is in intrastats?	<input checked="" type="checkbox"/>				

Sheet1

19	Do you know what to do in the event of a fire?	<input checked="" type="checkbox"/>				
20	Are you aware of the fire assembly point?	<input checked="" type="checkbox"/>				
21	Do you know what and where the fire alarm is?	<input checked="" type="checkbox"/>				
22	Is protective clothing and equipment provided?	<input checked="" type="checkbox"/>				
23	Is it effective?	<input checked="" type="checkbox"/>				
24	Do you have a pre-existing medical condition or health problem?		<input checked="" type="checkbox"/>			
25	Are you pregnant?		<input checked="" type="checkbox"/>			
26	Does the task involve holding a load away from your body?		<input checked="" type="checkbox"/>			
27	Does the task involve reaching upwards?		<input checked="" type="checkbox"/>			
28	Does the task involve strenuous pushing or pulling?		<input checked="" type="checkbox"/>			
29	Does the task involve moving or carrying a load over a long distance?		<input checked="" type="checkbox"/>			
30	Does the task involve excessive or continuous lifting?		<input checked="" type="checkbox"/>			
		Is this a problem?		If this is a problem what is the Level of Risk?		
		Yes	No	Low	Medium	High
31	Does the task involve stooping to lift or lower the load?		<input checked="" type="checkbox"/>			
32	Does the task involve twisting the trunk?		<input checked="" type="checkbox"/>			
33	Does the task involve repetitive or prolonged handling?		<input checked="" type="checkbox"/>			
34	Does the task involve unusual strength or height?		<input checked="" type="checkbox"/>			
35	Does the task involve sudden / unpredictable movements?		<input checked="" type="checkbox"/>			
36	Are there others to assist with lifting?	<input checked="" type="checkbox"/>				
37	Are packages heavy?		<input checked="" type="checkbox"/>			
38	Are packages bulky?		<input checked="" type="checkbox"/>			

Sheet1

39	Are packages difficult to hold?			✓					
40	Are packages unstable?			✓					
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?	✓							