

Personnel Questionnaire - Risks / Hazards						
Name:	Catrin Hollings					
Date:	3/9/19					
Area:		Is this a problem? If this 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?	✓				

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