

Personnel Questionnaire - Risks / Hazards

Area:		Is this a problem?		If this is a problem what is the Level of Risk?		
		Yes	No	Low	Medium	High
Name: Ryan Swaine						
Date: 29th August 2019						
Personal and Personal Working Area						
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?		N/A				
23	Is it effective?		N/A				
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?		✓					

Personnel Questionnaire - Risks / Hazards

		Area:		If this is a problem what is the Level of Risk?			
		Is this a problem?		Low	Medium	High	
		Yes	No				
Name: <i>Daniel</i>							
Date: <i>9/9/19</i>							
Personal and Personal Working Area							
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"/>	<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?						
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?						
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?						
		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?						
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?						

Sheet 1

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?			✓					

Personnel Questionnaire - Risks / Hazards

		Area:		If this is a problem what is the Level of Risk?		
		Is this a problem?		Low	Medium	High
		Yes	No			
Name: <u>Catrin Fahlberg</u>						
Date: <u>3/9/19</u>						
Personal and Personal Working Area						
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"/>	<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"/>				

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?					
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?					
		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"/>			

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?								

Personnel Questionnaire - Risks / Hazards

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

1 * Took Whistling, Emma & Catrin shouting at each other.
Only risk is that I will shout at someone

2 * I won't attempt to use one anyway
For safety reasons

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

3* Crank's sticks, controlled by medication.
 4* Not a problem when I shove them along on the floor Page 2

Sheet1

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

5 ✖ Only dangerous if damaged and mishandled, gloves are provided so no risk.

Sheet1

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54	Is your chair adjusted to the proper height for your work station?							
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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?							

Personnel Questionnaire - Risks / Hazards

		Area: Office		If this is a problem what is the Level of Risk?			
		Is this a problem?					
		Yes	No	Low	Medium	High	
Name: Sophie Lines							
Date: 30/08/2019							
Personal and Personal Working Area							
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?					
		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?					
32	Does the task involve twisting the trunk?					
33	Does the task involve repetitive or prolonged handling?					
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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?								

Sheet1

Personnel Questionnaire - Risks / Hazards

		Area:				
		Is this a problem?		If this is a problem what is the Level of Risk?		
		Yes	No	Low	Medium	High
Name: Kate Griffiths						
Date: 29.8.19						
Personal and Personal Working Area						
1	Is the work area clean and tidy?	Yes				
2	Is there sufficient lighting?	Yes				
3	Is the temperature comfortable?	Yes				
4	Is there adequate heating and ventilation in your working area?	Yes				
5	Is the area around the workstation / workbench clear of any obstructions?	Yes				
6	Are walkways clear of obstructions?	Yes				
7	Are items stacked on shelving properly?	Yes				
8	Is the flooring: slippery, uneven, sloped or have holes?		No			
9	Is there any loose or ripped carpeting?		No			
10	Are radiators clear of anything combustible?	Yes				
11	Do any cables or wires run across the floor?		No			
12	Are all electrical cables in good condition?	Yes				
13	Is there space within and around the workstation / workbench to work?	Yes				
14	Are there any sources of distracting noise?		No			
15	Are there any problems with static electricity?		No			
16	Is there a Fire extinguisher in the working area?	Yes				
17	Have you been trained in the use of Fire extinguishers and fire prevention techniques?		No			
18	Do you know that information on fire extinguishers location and use is in intrastats?	Yes				

Sheet1

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

Sheet1

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

Sheet1

Personnel Questionnaire - Risks / Hazards

		Area:				
		Is this a problem?		If this is a problem what is the Level of Risk?		
		Yes	No	Low	Medium	High
Name: Zoey Teal						
Date: 29/8/19						
Personal and Personal Working Area						
1	Is the work area clean and tidy?	X				
2	Is there sufficient lighting?	X				
3	Is the temperature comfortable?	X				
4	Is there adequate heating and ventilation in your working area?	X				
5	Is the area around the workstation / workbench clear of any obstructions?	X				
6	Are walkways clear of obstructions?	X				
7	Are items stacked on shelving properly?	X				
8	Is the flooring: slippery, uneven, sloped or have holes?		X			
9	Is there any loose or ripped carpeting?		X			
10	Are radiators clear of anything combustible?	X				
11	Do any cables or wires run across the floor?		X			
12	Are all electrical cables in good condition?	X				
13	Is there space within and around the workstation / workbench to work?	X				
14	Are there any sources of distracting noise?		X			
15	Are there any problems with static electricity?		X			
16	Is there a Fire extinguisher in the working area?	X				
17	Have you been trained in the use of Fire extinguishers and fire prevention techniques?		X			
18	Do you know that information on fire extinguishers location and use is in intrastats?	X				

Sheet1

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

Sheet 1

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

Personnel Questionnaire - Risks / Hazards

Name: MICHAEL GREEN		Area: R+D				
Date: 2-9-19		Is this a problem?				
Personal and Personal Working Area						
1	Is the work area clean and tidy?	Yes	No	Low	Medium	High
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"/>		<input checked="" type="checkbox"/>			
20	Are you aware of the fire assembly point?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
21	Do you know what and where the fire alarm is?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
22	Is protective clothing and equipment provided?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
23	Is it effective?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
24	Do you have a pre-existing medical condition or health problem?	<input checked="" type="checkbox"/>		<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"/>	<input checked="" type="checkbox"/>			
32	Does the task involve twisting the trunk?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
33	Does the task involve repetitive or prolonged handling?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
34	Does the task involve unusual strength or height?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
35	Does the task involve sudden / unpredictable movements?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
36	Are there others to assist with lifting?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
37	Are packages heavy?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
38	Are packages bulky?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Sheet 1

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?		X	/			
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?		/	/			

Personnel Questionnaire - Risks / Hazards

		Area:		If this is a problem what is the Level of Risk?			
		Is this a problem?					
		Yes	No	Low	Medium	High	
Name: Gail Bell							
Date: 2/9/19							
Personal and Personal Working Area							
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?		*				

Issue
sent ✓

Fire Extinguishers instructions

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?	N/A				
23	Is it effective?	N/A				
24	Do you have a pre-existing medical condition or health problem? (Migraine sufferer)	Yes				
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?		*			
		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?	*		*		
32	Does the task involve twisting the trunk?	*		*		
33	Does the task involve repetitive or prolonged handling? (Typing)	*		*		
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?	*		*		

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? (every two years)	*					

Personnel Questionnaire - Risks / Hazards

Name: <u>Sarah Walton</u>		Area: <u>Office</u>					
Date: <u>09/08/19</u>		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?	<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"/>					

Sheet 1

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?	N/A	A				
23	Is it effective?	N/A	A				
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?		✓				
		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?		✓				
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?	N	A				
38	Are packages bulky?	N	A				

Sheet 1

39	Are packages difficult to hold?	N/A	A					
40	Are packages unstable?	N/A	A					
41	Do packages have contents that are sharp?	N/A	A					
42	Do packages have contents that are awkward in size?	N/A	A					
43	Do packages have contents that are potentially dangerous?	N/A	A					
44	Do packages have contents that are likely to move?	N/A	A					
45	Do packages have Hazardous substances present?	N/A	A					
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?	✓						

Personnel Questionnaire - Risks / Hazards

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

Sheet 1

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

39	Are packages difficult to hold?		No					
40	Are packages unstable?		No					
41	Do packages have contents that are sharp?		No					
42	Do packages have contents that are awkward in size?		No					
43	Do packages have contents that are potentially dangerous?		No					
44	Do packages have contents that are likely to move?		No					
45	Do packages have Hazardous substances present?	Yes						
46	Have you been trained on good ergonomic practices?	Yes						
47	Have you been given all available information on the use of display screen equipment?	Yes						
48	Is there a system to report faults relating to equipment including display, computer etc?	Yes						
49	Are you taking appropriate breaks from your computer screen?	Yes						
50	Is your chair in good working condition and adjustable?	Yes						
51	Do you sit correctly in the chair?	Yes						
52	Can you place both feet flat on the floor?	Yes						
53	If not, is a footrest provided?	Yes						
54	Is your chair adjusted to the proper height for your work station?	Yes						
55	Is the desk high enough for you to sit comfortably?	Yes						
56	Can you work comfortably at your workstation?	Yes						
57	Is the screen free from glare and reflections?	Yes						
58	If not, is a screen filter provided?	Yes						
59	Do you know you Viamed pays for your annual eye tests?	Yes						
60	Do you have yours eyes tested annually?	No						

~~#NAME?~~

		Area:		If this is a problem what is the Level of Risk?			
		Is this a problem?		Low	Medium	High	
		Yes	No				
Name: Steve Nixon							
Date: 29/08/19							
Personal and Personal Working Area							
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"/>	<input checked="" type="checkbox"/>				
8	Is the flooring: slippery, uneven, sloped or have holes?	<input checked="" type="checkbox"/>	<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"/>	<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"/>		<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"/>	<input checked="" type="checkbox"/>			
17	Have you been trained in the use of Fire extinguishers and fire prevention techniques?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
18	Do you know that information on fire extinguishers location and use is in intrastats?	<input checked="" type="checkbox"/>					
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?								
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?			✓					
		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?		✓						
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?		✓						

Sheet 1

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?			✓					