

# Personnel Questionnaire Risks / Hazards

Name: STEVE HARDAKER  
Date: 19/8/08

Personal & Personal Working Area	V/N	Yes	No	Low	Medium	High
Is the work area clean and tidy?	✓		✓			
Is there sufficient lighting?	✓		✓			
Is the temperature comfortable?	✓		✓			
Is there adequate heating & 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? <i>No, BUT NEVER IN MAIN OFFICE</i>	✓		✓*			
Have you been trained in the use of Fire extinguishers and fire prevention techniques?	✓		✓			
Do you know what to do in the event of a fire?	✓		✓			
Are you aware of the fire assembly point?	✓		✓			
Do you know what & where the fire alarm is?	✓		✓			
Is protective clothing and equipment provided?	✓		✓			
Is it effective?	N/A		✓			
Do you have a pre-existing medical condition or health problem?	✓		✓			
Are you pregnant?	✓		✓			

Name: STEVE HARDAKER  
Date: 10/10/2024

Date: 9/5/08

## RISK?

### LEVEL of RISK

	Y/N	Yes	No	Low	Medium	High
Does the task involve holding a load away from your body?	N		✓			
Does the task involve reaching upwards?	N		✓			
Does the task involve strenuous pushing or pulling?	N		✓			
Does the task involve moving or carrying a load over a long distance?	N		✓			
Does the task involve excessive or continuous lifting?	N		✓			
Does the task involve stooping to lift or lower the load?	N		✓			
Does the task involve twisting the trunk?	N		✓			
Does the task involve repetitive or prolonged handling?	N		✓			
Does the task involve unusual strength or height?	N		✓			
Does the task involve sudden / unpredictable movements?	N		✓			
Are there others to assist with lifting?	N		✓			
Are packages heavy?	N		✓			
Are packages bulky?	N		✓			
Are packages difficult to hold?	N		✓			
Are packages unstable?	N		✓			
Do packages have contents that are sharp?	N		✓			
Do packages have contents that are awkward in size?	N		✓			
Do packages have contents that are potentially dangerous?	N		✓			
Do packages have contents that are likely to move?	N		✓			
Do packages have Hazardous substances present?	N		✓			

Name: STEVE HARDWEN  
Date: 19/8/08

Date: 19/5/08

### LEVEL of RISK

[illegible]



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]

### Personnel Questionnaire

### Risks / Hazards

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## RISK?

### LEVEL of RISK

# Personnel Questionnaire Risks / Hazards

Name: Kuša bogge  
Date: 19/8/08

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

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

	RISK?	LEVEL of RISK
Does the task involve holding a load away from your body?	N	Low
Does the task involve reaching upwards?	N	Med
Does the task involve strenuous pushing or pulling?	N	Med
Does the task involve moving or carrying a load over a long distance?	N	Med
Does the task involve excessive or continuous lifting?	N	Med
Does the task involve stooping to lift or lower the load?	N	Med
Does the task involve twisting the trunk?	N	Med
Does the task involve repetitive or prolonged handling?	N	Med
Does the task involve unusual strength or height?	N	Med
Does the task involve sudden / unpredictable movements?	N	Med
Are there others to assist with lifting?	Y	Low
Are packages heavy?	N	Med
Are packages bulky?	N	Med
Are packages difficult to hold?	N	Med
Are packages unstable?	N	Med
Do packages have contents that are sharp?	N	Med
Do packages have contents that are awkward in size?	N	Med
Do packages have contents that are potentially dangerous?	N	Med
Do packages have contents that are likely to move?	N	Med
Do packages have Hazardous substances present?	N	Med



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL OF RISK

Workstations	Y/N	Yes	No	Low	Medium	High
Have you been trained on good ergonomic practices?	Y		No	X		
Have you been given all available information on the use of display screen equipment?	Y		No	X		
Is there a system for users to report faults relating to display screen work?	Y		No	X		
Are you taking appropriate breaks from display screen work?	Y		No	X		
Is your chair in good working condition and adjustable?	Y		No	X		
Do you sit correctly in the chair?	Y		No	X		
Can you place both feet flat on the floor?	Y		No	X		
If not, is a footrest provided?	Y		No	X		
Is your chair adjusted to the proper height for your display screen?	Y		No	X		
Is the desk high enough for use with display screen equipment?	Y		No	X		
Is the screen free from glare and reflections?	Y		No	X		
If not, is a screen filter provided?			No	X		
Can you work comfortably at your workstation?	Y		No	X		



# **Personnel Questionnaire** **Risks / Hazards**

Name: S. N. V. C. H. L.  
Date: 5/9/8

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

**Name:**  
**Date:**

### LEVEL of RISK

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?	✓	✓		✓	✓	

**Name:**  
**Date:**

**Name:**  
**Date:**

### LEVEL of RISK

	Workstations	Y/N	Yes	No	Low	Medium	High
	Have you been trained on good ergonomic practices?	N	✓		✓		
	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?	✓		✓			



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]

### Personnel Questionnaire

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### RISK?

### LEVEL of RISK

[illegible]

# Personnel Questionnaire Risks / Hazards

Name: LARA CATEL  
Date: 19th August 08

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



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL OF RISK

[illegible]



### Personnel Questionnaire

### Risks / Hazards

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## RISK?

### LEVEL of RISK

# Personnel Questionnaire Risks / Hazards

Name: Cathy Green  
Date: 19-8-08

RISK?

LEVEL of RISK

Personal & Personal Working Area	Y/N	Yes	No	Low	Medium	High
Is the work area clean and tidy?	Y	✓		✓		
Is there sufficient lighting?	X		✓			
Is the temperature comfortable?	X		✓			
Is there adequate heating & ventilation in the working area?	2	✓		✓		
Is the area around the workstation / workbench clear of any obstructions?	2	✓		✓		
Are walkways clear of obstructions?	2		✓	✓		
Are items stacked on shelving properly?	X					
Is the flooring: slippery, uneven, sloped or have holes?	X	✓			✓	
Is there any loose or ripped carpeting?	5	✓				
Are radiators clear of anything combustible?	2	✓		✓		
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?	2		✓			
Are there any problems with static electricity?	2		✓			
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 what to do in the event of a fire?	✓		✓			
Are you aware of the fire assembly point?	✓		✓			
Do you know what & where the fire alarm is?	X		✓			
Is protective clothing and equipment provided?	2		✓			
Is it effective?	2/A		✓			
Do you have a pre-existing medical condition or health problem?	2		✓			
Are you pregnant?	2		✓			

Carpets!

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Cinean  
19-8-08

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Cinean  
19-8-08

## RISK?

### LEVEL OF RISK

[illegible]



### Personnel Questionnaire

### Risks / Hazards

**Name:**  
**Date:**

Cathy Green  
19-8-08.

## RISK?

### LEVEL of RISK

Workstations	Y/N	Yes	No	Low	Medium	High
Have you been trained on good ergonomic practices?	Y		/			
Have you been given all available information on the use of display screen equipment?	Y		/			
Is there a system for users to report faults relating to display screen work?	Y		/			
Are you taking appropriate breaks from display screen work?	Y		/			
Is your chair in good working condition and adjustable?	Y		/			
Do you sit correctly in the chair?	Y		/			
Can you place both feet flat on the floor?	N/A		/			
If not, is a footrest provided?	N/A		/			
Is your chair adjusted to the proper height for your display screen?	N/A		/			
Is the desk high enough for use with display screen equipment?	Y		/			
Is the screen free from glare and reflections?	Y		/			
If not, is a screen filter provided?	N/A		/			
Can you work comfortably at your workstation?	Y		/			

# Personnel Questionnaire Risks / Hazards

Name: Sarah Wyard  
Date: 19 August

Personal & Personal Working Area	RISK?		LEVEL of RISK			
	Y/N	Yes	No	Low	Medium	High
Is the work area clean and tidy?	Y	✓			✓	
Is there sufficient lighting?	Y		✓		Severely balanced	
Is the temperature comfortable?	N		✓			
Is there adequate heating & ventilation in the working area?	N		✓			
Is the area around the workstation / workbench clear of any obstructions?	Y					
Are walkways clear of obstructions?	Y					
Are items stacked on shelving properly?	Y					
Is the flooring: slippery, uneven, slipped or have holes?	Y	Y				The carpets are not secured
Is there any loose or ripped carpeting?	Y	Y				Although covered by desk
Are radiators clear of anything combustible?	Y					
Do any cables or wires run across the floor?	Y					
Are all electrical cables in good condition?	Y					
Is there space within and around the workstation / workbench to work?	Y					
Are there any sources of distracting noise?	Y					
Are there any problems with static electricity?	N		✓			General office noise
Is there a fire extinguisher in the working area?	N					
Have you been trained in the use of fire extinguishers and fire prevention techniques?	N					
Do you know what to do in the event of a fire?	Y					
Are you aware of the fire assembly point?	Y					
Do you know what & where the fire alarm is?	N					
Is protective clothing and equipment provided?	N					
Is it effective? vs next effective?	Y					
Do you have a pre-existing medical condition or health problem?	Y					Deep in night car
Are you pregnant?	N					

Carpets



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Sarah Wiggard  
19/8/08

### LEVEL OF RISK

Does the task involve holding a load away from your body?	2								
Does the task involve reaching upwards?	2								
Does the task involve strenuous pushing or pulling?	2								
Does the task involve moving or carrying a load over a long distance?	2								
Does the task involve excessive or continuous lifting?	2								
Does the task involve stooping to lift or lower the load?	2								
Does the task involve twisting the trunk?	2								
Does the task involve repetitive or prolonged handling?	2								
Does the task involve unusual strength or height?	2								
Does the task involve sudden / unpredictable movements?	2								
Are there others to assist with lifting?	2								
Are packages heavy?	2								
Are packages bulky?	2								
Are packages difficult to hold?	2								
Are packages unstable?	2								
Do packages have contents that are sharp?	2								
Do packages have contents that are awkward in size?	2								
Do packages have contents that are potentially dangerous?	2								
Do packages have contents that are likely to move?	2								
Do packages have Hazardous substances present?	2								



Name: Sarah W. J. J. J.  
Date: 19/8/08

Sarah Wijaya  
19/8/08

### LEVEL of RISK

[illegible]

# **Personnel Questionnaire** **Risks / Hazards**

**Name:** Ryan Swaine  
**Date:** 19/8/08

**RISK?**

**LEVEL of RISK**

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

issue with carpet layout.  
OK to Sam / Jole

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]



Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

[illegible]

## Risks / Hazards

Date:

## RISK?

### LEVEL of RISK



Name: 14 LAMB  
Date: 12-8-8

Name: 14 LAMB  
Date: 12-8-8

### LEVEL OF RISK

[illegible]

OK to Sam / file D. Garf

# **Personnel Questionnaire** **Risks / Hazards**

**Name:** H CAMS  
**Date:** 18-8-8

**RISK?**

**LEVEL of RISK**

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

Name: H LAMB  
Date: 18-8-8

Name: H LAMBS  
Date: 18-8-8

### LEVEL OF RISK

Does the task involve holding a load away from your body?	N								
Does the task involve reaching upwards?	N								
Does the task involve strenuous pushing or pulling?	N								
Does the task involve moving or carrying a load over a long distance?	N								
Does the task involve excessive or continuous lifting?	N								
Does the task involve stooping to lift or lower the load?	N								
Does the task involve twisting the trunk?	N								
Does the task involve repetitive or prolonged handling?	N								
Does the task involve unusual strength or height?	N								
Does the task involve sudden / unpredictable movements?	N								
Are there others to assist with lifting?	N								
Are packages heavy?	N								
Are packages bulky?	N								
Are packages difficult to hold?	N								
Are packages unstable?	N								
Do packages have contents that are sharp?	N								
Do packages have contents that are awkward in size?	N								
Do packages have contents that are potentially dangerous?	N								
Do packages have contents that are likely to move?	N								
Do packages have Hazardous substances present?	N								



# Personnel Questionnaire Risks / Hazards

Name:  
Date:

M. GREEN  
19-8-08

RISK?

LEVEL of RISK

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

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

LEVEL of RISK

	Y/N	Y	N	C	M	H
Does the task involve holding a load away from your body?	2		1			
Does the task involve reaching upwards?	2		1			
Does the task involve strenuous pushing or pulling?	2		1			
Does the task involve moving or carrying a load over a long distance?	2		1			
Does the task involve excessive or continuous lifting?	2		1			
Does the task involve stooping to lift or lower the load?	2		1			
Does the task involve twisting the trunk?	2		1			
Does the task involve repetitive or prolonged handling?	2		1			
Does the task involve unusual strength or height?	2		1			
Does the task involve sudden / unpredictable movements?	2		1			
Are there others to assist with lifting?	2		1			
Are packages heavy?	2		1			
Are packages bulky?	2		1			
Are packages difficult to hold?	2		1			
Are packages unstable?	2		1			
Do packages have contents that are sharp?	2		1			
Do packages have contents that are awkward in size?	2		1			
Do packages have contents that are potentially dangerous?	2		1			
Do packages have contents that are likely to move?	2		1			
Do packages have Hazardous substances present?	2		1			

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### LEVEL of RISK

Workstations	Y/N	Yes	No	Low	Medium	High
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?	NA					
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?	NA					
Can you work comfortably at your workstation?	✓		✓			