

Personnel Questionnaire
Risks / Hazards

Name: STEVE HARDAKER
 Date: 19/4/08

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?	N		✓			
Is there any loose or ripped carpeting?	N		✓			
Are radiators clear of anything combustible?	N		✓			
Do any cables or wires run across the floor?	N		✓			
Are all electrical cables in good condition?	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?	Y		✓			
Is there a Fire extinguisher in the working area? <i>No, BUT NEARLY IN MAIN OFFICE</i>	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?	N		✓			
Is it effective?	N/A		✓			
Do you have a pre-existing medical condition or health problem?	N		✓			
Are you pregnant?	N		✓			

Personnel Questionnaire
Risks / Hazards

Name: STEVE HANNAKER
 Date: 19/5/08

	RISK?			LEVEL of RISK		
	Y/N	Yes	No	Low	Medium	High
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?			✓			

Personnel Questionnaire

Name: STEVE HARDAKER
Date: 19/8/08

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?						
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?						

Personnel Questionnaire

Risks / Hazards

Name:
Date:

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Personnel Questionnaire

Risks / Hazards

Name:
Date:

RISK?

LEVEL of RISK

Personnel Questionnaire
Risks / Hazards

Name: Kia Rogge
 Date: 19/8/08

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		
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?			
Do you have a pre-existing medical condition or health problem?	X	NO	X
Are you pregnant?	N	NO	X

Personnel Questionnaire

Name:
Date:

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

Personnel Questionnaire
Risks / Hazards

Name:
Date:

Personnel Questionnaire
Risks / Hazards

Name: S. N. Nwankwo
 Date: 5/9/8

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?	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?	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?	N		✓			
Is it effective?	N		✓			
Do you have a pre-existing medical condition or health problem?	N		✓			
Are you pregnant?	N		✓			

Personnel Questionnaire
Risks / Hazards

Name:
Date:

	<u>RISK?</u>	<u>LEVEL of RISK</u>
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?	✓	✓

Personnel Questionnaire

Risks / Hazards

Name:
Date:

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?						
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?	Y		✓			
Is the screen free from glare and reflections?	Y		✓			
If not, is a screen filter provided?						
Can you work comfortably at your workstation?	Y		✓			

Personnel Questionnaire

Risks / Hazards

Name:
Date:

Personnel Questionnaire

Risks / Hazards

Name:
Date:

RISK?

LEVEL of RISK

Personnel Questionnaire
Risks / Hazards

Name: LARA CALIGE
 Date: 19th AUGUST 08

Personal & Personal Working Area	Y/N	LEVEL of RISK				
		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		✓			

Personnel Questionnaire
Risks / Hazards

Name:
Date:

RISK? 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?							

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Personnel Questionnaire

Risks / Hazards

Name:
Date:

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

Personnel Questionnaire

Risks / Hazards

Name:
Date:

Personnel Questionnaire

Name:
Date:

RISK?

LEVEL of RISK

Personnel Questionnaire
Risks / Hazards

Name: Cathey 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?		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	✓		✓		

Carpets!

Personnel Questionnaire
Risks / Hazards

Name: Cinean
 Date: 19-8-08

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

Personnel Questionnaire
Risks / Hazards

Name:
Date:

Cathy Green
19-8-08.

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?	Y					
If not, is a footrest provided?	Y					
Is your chair adjusted to the proper height for your display screen?	Y	As a stool.				
Is the desk high enough for use with display screen equipment?	N/A					
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

	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?	N		✓			
Is there adequate heating & ventilation in the working area?	N		✓			
Is the area around the workstation / workbench clear of any obstructions?	N		✓			
Are walkways clear of obstructions?	Y		✓			
Are items stacked on shelving properly?	Y		✓			
Is the flooring: slippery, uneven, slipped 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? <small>Is it as good as effective?</small>	Y		✓			
Do you have a pre-existing medical condition or health problem?	Y		✓			
Are you pregnant?	Y		✓			
				Deaf in right ear		

Carpeted

Personnel Questionnaire
Risks / Hazards

Name: Sarah Wigard
Date: 19/8/08

	<u>RISK?</u>	<u>LEVEL of RISK</u>
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
		Sometimes
		Sometimes

Personnel Questionnaire

Risks / Hazards

Name: Sarah Wijayanti
Date: 19/8/08

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?						
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?	Y					
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?	Y					
Can you work comfortably at your workstation?	Y					

Personnel Questionnaire
Risks / Hazards

Name: Karen Swaine
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					
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?	N					
Are all electrical cables in good condition?	Y					
Is there space within and around the work station / 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					

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Personnel Questionnaire

Name:
Date:

RISK?

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?	✓

Personnel Questionnaire

Name:
Date:

Workstations	V/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?		~				
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?		~				

Personnel Questionnaire

Risks / Hazards

Name: _____
Date: _____

Personnel Questionnaire

Risks / Hazards

Name:
Date:

Date: _____

RISK?

LEVEL of RISK

Personnel Questionnaire

Name: Hamis
Date: 10-8-8

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?	Y					
If not, is a footrest provided?	Y					
Is your chair adjusted to the proper height for your display screen?	Y					
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?	Y					
Can you work comfortably at your workstation?	Y					

OK to Scan / File Dang

Personnel Questionnaire
Risks / Hazards

Name: *HLAms*
 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?	Is there sufficient lighting?						
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?				N	✓				
Are items stacked on shelving properly?				Y					
Is the flooring: slippery, uneven, sharp 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					
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?				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/A					
Do you have a pre-existing medical condition or health problem?				N					
Are you pregnant?				N					

Personnel Questionnaire

Name: H LAMB
Date: 18-8-8

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 sudden / unpredictable movements?	N
Are there others to assist with lifting?	N
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?	✓

Personnel Questionnaire
Risks / Hazards

Name: M. GREEN
 Date: 19-8-08

	<u>RISK?</u>	<u>LEVEL of RISK</u>					
	<u>Personal & Personal Working Area</u>	<u>Y/N</u>	<u>Yes</u>	<u>No</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>
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 slacked on shelving properly?		Y	/	/			
Is the flooring slippery, uneven, sloped or have holes?		Y	/	/			
Is there any loose or rippled 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?		N	/	/			

Personnel Questionnaire
Risks / Hazards

Name:
Date:

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

Personnel Questionnaire
Risks / Hazards

Name:
Date:

Workstations	LEVEL of RISK?					
	Y/N	Yes	No	Low	Medium	High
Have you been trained on good ergonomic practices?	Y	X	/	/	/	/
Have you been given all available information on the use of display screen equipment?	Y	X	/	/	/	/
Is there a system for users to report faults relating to display screen work?	X	/	/	/	/	/
Are you taking appropriate breaks from display screen work?	X	/	/	/	/	/
Is your chair in good working condition and adjustable?	X	/	/	/	/	/
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?	NA	/	/	/	/	/
Can you work comfortably at your workstation?	Y	/	/	/	/	/