

**Risks / Hazards and 7.1.4 Environment Of Operations**  
**Personnel Questionnaire**

Name: RYAN SHAINF

Area: OFFICE AT VIAMLES

Date:

If there is a problem what  
is the Level of Risk?

Notes

**Personal and Personal Working Area**

Yes

No

Low

Medium

High

1 Is the work area clean and tidy?

✓

2 Is there sufficient lighting?

✓

I NEED A DESK  
LIGHT, I DECIDE TO GET IS A SPARKY

3 Is the temperature comfortable?

✓

3 Is the humidity comfortable?

✓

4 Is the heating comfortable?

✓

5 Is there any problem with air flow?

✓

6 Are there any problems with hygiene?

✓

7 Is the area around the workstation / workbench clear of any  
obstructions?

✓

8 Are walkways clear of obstructions?

✓

9 Are items stacked on shelving properly?

✓

10 Is the flooring slippery, uneven, sloped or have holes?

✓

11 Is there any loose or ripped carpeting?

✓

12 Are radiators clear of anything combustible?

✓

13 Do any cables or wires run across the floor?

✓

14 Are all electrical cables in good condition?

✓

|    |                                                                                          |                                     |                                     |                          |                          |                          |                          |
|----|------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15 | Is there space within and around the workstation / workbench to work?                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | Are there any sources of distracting noise?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Are there any problems with static electricity?                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | Is there a Fire extinguisher in the working area?                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Have you been trained in the use of Fire extinguishers and fire prevention techniques?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | Do you know that information on fire extinguishers - location and uses is in intrastats? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Do you know what to do in the event of a fire?                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Are you aware of the fire assembly point?                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Do you know what and where the fire alarm is?                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Is protective clothing and equipment provided where needed?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Is it effective?                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Do you do any lifting, if no proceed to question 49.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Does the task involve holding a load away from your body?                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Does the task involve reaching upwards?                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Does the task involve strenuous pushing or pulling?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Does the task involve moving or carrying a load over a long distance?                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Does the task involve excessive or continuous lifting?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | Does the task involve stooping to lift or lower the load?                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | Does the task involve twisting the trunk?                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|    |                                                                                           |   |   |  |   |  |       |
|----|-------------------------------------------------------------------------------------------|---|---|--|---|--|-------|
| 36 | Does the task involve repetitive or prolonged handling?                                   |   | / |  |   |  |       |
| 37 | Does the task involve unusual strength or height?                                         |   | / |  |   |  |       |
| 38 | Does the task involve sudden / unpredictable movements?                                   |   | / |  |   |  |       |
| 39 | Are there others to assist with lifting?                                                  | / |   |  |   |  |       |
| 40 | Are packages heavy?                                                                       |   | / |  |   |  |       |
| 41 | Are packages bulky?                                                                       | / |   |  | / |  |       |
| 42 | Are packages difficult to hold?                                                           |   | / |  |   |  |       |
| 43 | Are packages unstable?                                                                    |   | / |  |   |  |       |
| 44 | Do packages have contents that are sharp?                                                 |   | / |  |   |  |       |
| 45 | Do packages have contents that are awkward in size?                                       |   | / |  |   |  |       |
| 46 | Do packages have contents that are potentially dangerous?                                 |   | / |  |   |  |       |
| 47 | Do packages have contents that are likely to move?                                        |   | / |  |   |  |       |
| 48 | Do packages have Hazardous substances present?                                            | / |   |  | / |  |       |
| 49 | Have you been trained on good ergonomic practices?                                        | / |   |  |   |  |       |
| 50 | Have you been given all available information on the use of display screen equipment?     | / |   |  |   |  |       |
| 51 | Is there a system to report faults relating to equipment including display, computer etc? |   | / |  |   |  |       |
| 52 | Are you taking appropriate breaks from your computer screen?                              | / |   |  |   |  |       |
| 53 | Is your chair in good working condition and adjustable?                                   | / |   |  |   |  |       |
| 54 | Do you sit correctly in the chair?                                                        | / | . |  |   |  | I TRY |
| 55 | Can you place both feet flat on the floor?                                                | / |   |  |   |  |       |

|    |                                                                             |                                     |                                     |                                     |                          |                          |                          |
|----|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 56 | If not, is a footrest provided?                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57 | Is your chair adjusted to the proper height for your work station?          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58 | Is the desk high enough for you to sit comfortably?                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59 | Can you work comfortably at your workstation?                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 | Is the screen free from glare and reflections?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 | If not, is a screen filter provided?                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | Do you know you Viamed pays for your annual eye tests?                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63 | Do you have yours eyes tested annually?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64 | Do you have a pre-existing medical condition or health problem?             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65 | Are you pregnant?                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66 | Do you think you work in a non-discriminatory Atmosphere?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67 | Do you think you work in a calm Atmosphere?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68 | Do you think you work in a non-confrontational Atmosphere?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69 | Do you feel burnt out?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70 | Can we do anything to be emotionally protective in the current environment? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71 | Are Management Approachable to Staff Issues?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72 | Is the Management Response to Staff Concerns / Issues ok?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Risks / Hazards and 7.1.4 Environment Of Operations**  
**Personnel Questionnaire**

|                                           |                                                                           |                                     |                                                  |                          |                          |                          |
|-------------------------------------------|---------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Name:</b> <i>RYAN SWAINZ</i>           |                                                                           | <b>Area:</b> <i>HOME OFFICE</i>     |                                                  |                          |                          |                          |
| <b>Date:</b>                              |                                                                           |                                     | If there is a problem what is the Level of Risk? |                          |                          | Notes                    |
| <b>Personal and Personal Working Area</b> |                                                                           | <b>Yes</b>                          | <b>No</b>                                        | <b>Low</b>               | <b>Medium</b>            | <b>High</b>              |
| 1                                         | Is the work area clean and tidy?                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                                         | Is there sufficient lighting?                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                                         | Is the temperature comfortable?                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                                         | Is the humidity comfortable?                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                                         | Is the heating comfortable?                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                         | Is there any problem with air flow?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                                         | Are there any problems with hygiene?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                                         | Is the area around the workstation / workbench clear of any obstructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8                                         | Are walkways clear of obstructions?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9                                         | Are items stacked on shelving properly?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10                                        | Is the flooring slippery, uneven, sloped or have holes?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                                        | Is there any loose or ripped carpeting?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12                                        | Are radiators clear of anything combustible?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                                        | Do any cables or wires run across the floor?                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14                                        | Are all electrical cables in good condition?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|    |                                                                                          |   |    |  |  |  |  |
|----|------------------------------------------------------------------------------------------|---|----|--|--|--|--|
| 15 | Is there space within and around the workstation / workbench to work?                    | / |    |  |  |  |  |
| 16 | Are there any sources of distracting noise?                                              |   | /  |  |  |  |  |
| 17 | Are there any problems with static electricity?                                          |   | /  |  |  |  |  |
| 18 | Is there a Fire extinguisher in the working area?                                        |   | /  |  |  |  |  |
| 19 | Have you been trained in the use of Fire extinguishers and fire prevention techniques?   | / |    |  |  |  |  |
| 20 | Do you know that information on fire extinguishers - location and uses is in intrastats? |   | NA |  |  |  |  |
| 21 | Do you know what to do in the event of a fire?                                           | / |    |  |  |  |  |
| 22 | Are you aware of the fire assembly point?                                                |   | NA |  |  |  |  |
| 23 | Do you know what and where the fire alarm is?                                            |   | NA |  |  |  |  |
| 26 | Is protective clothing and equipment provided where needed?                              | / |    |  |  |  |  |
| 27 | Is it effective?                                                                         | / |    |  |  |  |  |
| 28 | Do you do any lifting, if no proceed to question 49.                                     |   | /  |  |  |  |  |
| 29 | Does the task involve holding a load away from your body?                                |   | NA |  |  |  |  |
| 30 | Does the task involve reaching upwards?                                                  |   |    |  |  |  |  |
| 31 | Does the task involve strenuous pushing or pulling?                                      |   |    |  |  |  |  |
| 32 | Does the task involve moving or carrying a load over a long distance?                    |   |    |  |  |  |  |
| 33 | Does the task involve excessive or continuous lifting?                                   |   |    |  |  |  |  |
| 34 | Does the task involve stooping to lift or lower the load?                                |   |    |  |  |  |  |
| 35 | Does the task involve twisting the trunk?                                                |   |    |  |  |  |  |

|    |                                                                                           |   |  |  |  |  |  |
|----|-------------------------------------------------------------------------------------------|---|--|--|--|--|--|
| 36 | Does the task involve repetitive or prolonged handling?                                   |   |  |  |  |  |  |
| 37 | Does the task involve unusual strength or height?                                         |   |  |  |  |  |  |
| 38 | Does the task involve sudden / unpredictable movements?                                   |   |  |  |  |  |  |
| 39 | Are there others to assist with lifting?                                                  |   |  |  |  |  |  |
| 40 | Are packages heavy?                                                                       |   |  |  |  |  |  |
| 41 | Are packages bulky?                                                                       |   |  |  |  |  |  |
| 42 | Are packages difficult to hold?                                                           |   |  |  |  |  |  |
| 43 | Are packages unstable?                                                                    |   |  |  |  |  |  |
| 44 | Do packages have contents that are sharp?                                                 |   |  |  |  |  |  |
| 45 | Do packages have contents that are awkward in size?                                       |   |  |  |  |  |  |
| 46 | Do packages have contents that are potentially dangerous?                                 |   |  |  |  |  |  |
| 47 | Do packages have contents that are likely to move?                                        |   |  |  |  |  |  |
| 48 | Do packages have Hazardous substances present?                                            |   |  |  |  |  |  |
| 49 | Have you been trained on good ergonomic practices?                                        | ✓ |  |  |  |  |  |
| 50 | Have you been given all available information on the use of display screen equipment?     | ✓ |  |  |  |  |  |
| 51 | Is there a system to report faults relating to equipment including display, computer etc? | ✓ |  |  |  |  |  |
| 52 | Are you taking appropriate breaks from your computer screen?                              | ✓ |  |  |  |  |  |
| 53 | Is your chair in good working condition and adjustable?                                   | ✓ |  |  |  |  |  |
| 54 | Do you sit correctly in the chair?                                                        | ✓ |  |  |  |  |  |
| 55 | Can you place both feet flat on the floor?                                                | ✓ |  |  |  |  |  |

|    |                                                                             |   |   |  |   |  |  |
|----|-----------------------------------------------------------------------------|---|---|--|---|--|--|
| 56 | If not, is a footrest provided?                                             | / |   |  |   |  |  |
| 57 | Is your chair adjusted to the proper height for your work station?          | / |   |  |   |  |  |
| 58 | Is the desk high enough for you to sit comfortably?                         | / |   |  |   |  |  |
| 59 | Can you work comfortably at your workstation?                               | / |   |  |   |  |  |
| 60 | Is the screen free from glare and reflections?                              | / |   |  |   |  |  |
| 61 | If not, is a screen filter provided?                                        | / |   |  |   |  |  |
| 62 | Do you know you Viamed pays for your annual eye tests?                      | / |   |  |   |  |  |
| 63 | Do you have yours eyes tested annually?                                     | / |   |  |   |  |  |
| 64 | Do you have a pre-existing medical condition or health problem?             | / |   |  | / |  |  |
| 65 | Are you pregnant?                                                           |   |   |  |   |  |  |
| 66 | Do you think you work in a non-discriminatory Atmosphere?                   | / |   |  |   |  |  |
| 67 | Do you think you work in a calm Atmosphere?                                 | / |   |  |   |  |  |
| 68 | Do you think you work in a non-confrontational Atmosphere?                  | / |   |  |   |  |  |
| 69 | Do you feel burnt out?                                                      |   | / |  |   |  |  |
| 70 | Can we do anything to be emotionally protective in the current environment? |   | / |  |   |  |  |
| 71 | Are Management Approachable to Staff Issues?                                | / |   |  |   |  |  |
| 72 | Is the Management Response to Staff Concerns / Issues ok?                   | / |   |  |   |  |  |