

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

Name: <i>RYAN SWANE</i>		Area: <i>OFFICE</i>		<i>WITNESS WAREHOUSE</i>			
Date: <i>2/8/2022</i>				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?	<i>/</i>					
2	Is there sufficient lighting?	<i>/</i>					
3	Is the temperature comfortable?	<i>/</i>					
3	Is the humidity comfortable?	<i>/</i>					
4	Is the heating comfortable?	<i>/</i>					
5	Is there any problem with air flow?		<i>/</i>				
6	Are there any problems with hygiene?		<i>/</i>				
7	Is the area around the workstation / workbench clear of any obstructions?	<i>/</i>					
8	Are walkways clear of obstructions?	<i>/</i>					
9	Are items stacked on shelving properly?	<i>/</i>					
10	Is the flooring slippery, uneven, sloped or have holes?		<i>/</i>				
11	Is there any loose or ripped carpeting?		<i>/</i>				
12	Are radiators clear of anything combustible?	<i>/</i>					
13	Do any cables or wires run across the floor?	<i>/</i>		<i>/</i>			
14	Are all electrical cables in good condition?	<i>/</i>					

Sheet1

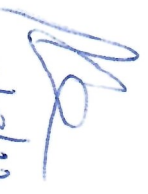
15	Is there space within and around the workstation / workbench to work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Are there any sources of distracting noise?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	occasional
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"/>	

Sheet1

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?	✓		✓				SOMETIMES
41	Are packages bulky?	✓		✓				SOMETIMES
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?	✓		✓				02 sensors
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?	✓						

Sheet1

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


2/8/22