

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire					
Name:	Area: OFFICE WITIN WAREHOUSE				
Date:	2/8/2022				
	Personal and Personal Working Area	Yes	No	Low	Medium
1 Is the work area clean and tidy?		✓			
2 Is there sufficient lighting?		✓			
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?		✓			
Is the area around the workstation / workbench clear of any obstructions?		✓			
7 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?		✓			

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15 Is there space within and around the workstation / workbench to work?	/			
16 Are there any sources of distracting noise?	/			Occasional
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?	/			
21 Do you know what to do in the event of a fire?	/			
22 Are you aware of the fire assembly point?	/			
23 Do you know what and where the fire alarm is?	/			
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?	/			
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?	/			

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

Sheet1

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?	/			

PL
2/8/12