

Q 51 #271546

Sheet1

Renewed  
9-9-22  
5:14 PM  
OK ✓

# Risks / Hazards and 7.1.4 Environment Of Operations

## Personnel Questionnaire

Name: <i>Cabin Holdings</i>		Area: <i>Cynyll Halse CPH Co</i>					
Date: <i>02/08/22</i>				If there is a problem what is the Level of Risk?			
Personal and Personal Working Area		Yes	No	Low	Medium	High	Notes
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?		✓				
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?	✓					

Sheet1

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?	✓						
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?							

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?								
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?	✓							

✓

Sheet1

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

Q63 Doesn't have test - Renewed 4-8-22 1H  
 annual eye test -  
 No issue this time

Sheet1

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

<b>Name:</b> <i>Aqib Maged</i>		<b>Area:</b> <i>Office</i>					
<b>Date:</b> <i>03/08/22</i>				<b>If there is a problem what is the Level of Risk?</b>			
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Notes</b>
1 Is the work area clean and tidy?		<input checked="" type="checkbox"/>					
2 Is there sufficient lighting?		<input checked="" type="checkbox"/>					
3 Is the temperature comfortable?		<input checked="" type="checkbox"/>					
3 Is the humidity comfortable?		<input checked="" type="checkbox"/>					
4 Is the heating comfortable?		<input checked="" type="checkbox"/>					
5 Is there any problem with air flow?			<input checked="" type="checkbox"/>				
6 Are there any problems with hygiene?			<input checked="" type="checkbox"/>				
7 Is the area around the workstation / workbench clear of any obstructions?		<input checked="" type="checkbox"/>					
8 Are walkways clear of obstructions?		<input checked="" type="checkbox"/>					
9 Are items stacked on shelving properly?		<input checked="" type="checkbox"/>					
10 Is the flooring slippery, uneven, sloped or have holes?			<input checked="" type="checkbox"/>				
11 Is there any loose or ripped carpeting?			<input checked="" type="checkbox"/>				
12 Are radiators clear of anything combustible?		<input checked="" type="checkbox"/>					
13 Do any cables or wires run across the floor?			<input checked="" type="checkbox"/>				
14 Are all electrical cables in good condition?		<input checked="" type="checkbox"/>					

Sheet1

15	Is there space within and around the workstation / workbench to work?	<input checked="" type="checkbox"/>						
16	Are there any sources of distracting noise?		<input checked="" type="checkbox"/>					
17	Are there any problems with static electricity?		<input checked="" type="checkbox"/>					
18	Is there a Fire extinguisher in the working area?	<input checked="" type="checkbox"/>						
19	Have you been trained in the use of Fire extinguishers and fire prevention techniques?	<input checked="" type="checkbox"/>						
20	Do you know that information on fire extinguishers - location and uses is in intrastats?	<input checked="" type="checkbox"/>						
21	Do you know what to do in the event of a fire?	<input checked="" type="checkbox"/>						
22	Are you aware of the fire assembly point?	<input checked="" type="checkbox"/>						
23	Do you know what and where the fire alarm is?	<input checked="" type="checkbox"/>						
26	Is protective clothing and equipment provided where needed?		<input checked="" type="checkbox"/>					
27	Is it effective?	<input checked="" type="checkbox"/>						
28	Do you do any lifting, if no proceed to question 49.		<input checked="" type="checkbox"/>					
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?							

Sheet1

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42	Are packages difficult to hold?								
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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?	✓							

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"/>	<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"/>						
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"/>							

Renewed 4/8/22 MK  
No issues

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

Name: <u>James Gali</u>		Area: <u>Office</u>					
Date: <u>3.8.22</u>				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?	✓					
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?						2/A
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?		✓					
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?							
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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?	✓							

Sheet 1

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?	✓							

*We are aware*