

Q51 #271546

Sheet 1

Renewed
9-9-22
65 HR
oh ✓

Risks / Hazards and 7.1.4 Environment Of Operations				
Personnel Questionnaire				
Name:	Area: Chyll Place Other			
Date:	02/08/22			
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?	✓			
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?	✓			

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

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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 Vlamed 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?	✓			

Q63 Does n't have annual eye test - Reviewed 4-8-22 11
No issue this time

Sheet1

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire								
Name:	Date:	Area:	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?		✓					
4	Is the humidity 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?		✓					

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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"/>			
24 Is protective clothing and equipment provided where needed?	<input checked="" type="checkbox"/>			
25 Is it effective?	<input checked="" type="checkbox"/>			
26 Do you do any lifting, if no proceed to question 49.	<input checked="" type="checkbox"/>			
27 Does the task involve holding a load away from your body?	<input checked="" type="checkbox"/>			
28 Does the task involve reaching upwards?	<input checked="" type="checkbox"/>			
29 Does the task involve strenuous pushing or pulling?	<input checked="" type="checkbox"/>			
30 Does the task involve moving or carrying a load over a long distance?	<input checked="" type="checkbox"/>			
31 Does the task involve excessive or continuous lifting?	<input checked="" type="checkbox"/>			
32 Does the task involve stooping to lift or lower the load?	<input checked="" type="checkbox"/>			
33 Does the task involve twisting the trunk?	<input checked="" type="checkbox"/>			

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

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"/>
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"/>

Reviewed 4/8/22 HK
No issues

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Risks / Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name:	Date:	Area:	If there is a problem what is the Level of Risk?				Notes
			Yes	No	Low	Medium	High
1 Is the work area clean and tidy?			✓				
2 Is there sufficient lighting?			✓				
3 Is the temperature comfortable?			✓				
4 Is the humidity 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?							NA
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?	✓		
16 Are there any sources of distracting noise?	✓		
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27 Is it effective?	✓		
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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 Vianed 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