

Q13 - 267814 sent a cable issue ✓

Renewed 2-8-22 HL

Sheet 1

Risks / Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name: <u>DEREK CAMB</u>		Area:						
Date: <u>2-8-22</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?	✓						
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?		✓					

Ysabel M H Adey

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?	✓							

Y N L M H Notes

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?								

QSS Feet on Floor #269684

Sheet 1

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

Name: M. Green		Area: R + D					
Date: 4-8-22				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?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2	Is there sufficient lighting?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
3	Is the temperature comfortable?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
3	Is the humidity comfortable?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
4	Is the heating comfortable?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
5	Is there any problem with air flow?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6	Are there any problems with hygiene?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
7	Is the area around the workstation / workbench clear of any obstructions?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
8	Are walkways clear of obstructions?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
9	Are items stacked on shelving properly?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
10	Is the flooring slippery, uneven, sloped or have holes?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
11	Is there any loose or ripped carpeting?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
12	Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
13	Do any cables or wires run across the floor?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
14	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

Sheet1

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

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?								
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?								

Q7
Q8 #271548 ✓

Sheet 1

Revised
9-9-22
✓

Risks / Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name: Michael Lamb	Area: Windograph Office					
Date: 24/08/2022			If there is a problem what is the Level of Risk?			
	Yes	No	Low	Medium	High	Notes
Personal and Personal Working Area						
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?	/							

Sheet 1

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?	/							

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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 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?	/	X						
65	Are you pregnant?		/						
66	Do you think you work in a non-discriminatory Atmosphere?	/	X						
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?	/							

Q64 Pre existing
Q69. Burnt out

Sheet 1

269683. Renewell
Ht 22-8-22

Risks / Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name:	PHIL CROSSLEY	Area:	DUNDEE WORKSHOP				
Date:	2.8.22		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?	/					
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?	/					

Q69

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"/>						
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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?	/							

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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 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?	/		/					Back & H/15
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?	/							