

<b>Risks / Hazards and 7.1.4 Environment Of Operations</b>						
<b>Personnel Questionnaire</b>						
Name:	S. N. Moh		Area: 1011010101010101			
Date:	11/09/23		If there is a problem what is the Level of Risk?		Notes	
	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?	✓				

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?			
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?	✓		

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?	✓				

193 63 No Issue  
203 - fire extinguishers. ISSUE Sheet1

Renewal ok  
No issue  
HL 21-9-23

### Risks / Hazards and 7.1.4 Environment Of Operations

#### Personnel Questionnaire

Name:	Area:	If there is a problem what is the Level of Risk?				Notes
Date:		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?		✓				
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?		✓				

## Sheet1

Is there space within and around the workstation / workbench to work?	✓			
15 Are there any sources of distracting noise?		✓		
16 Are there any problems with static electricity?		✓		
17 Is there a Fire extinguisher in the working area?	✓			
18 Have you been trained in the use of Fire extinguishers and fire prevention techniques?	✓			
19 Do you know that information on fire extinguishers - location and uses is in intrastats?	✓		✓	
20 Do you know what to do in the event of a fire?	✓			
21 Are you aware of the fire assembly point?	✓			
22 Do you know what and where the fire alarm is?	✓			
23 Is protective clothing and equipment provided where needed?	✓			
24 Is it effective?	✓			
25 Do you do any lifting, if no proceed to question 49.				
26 Does the task involve holding a load away from your body?				
27 Does the task involve reaching upwards?				
28 Does the task involve strenuous pushing or pulling?				
29 Does the task involve moving or carrying a load over a long distance?				
30 Does the task involve excessive or continuous lifting?				
31 Does the task involve stooping to lift or lower the load?				
32 Does the task involve twisting the trunk?				
33 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?	✓			
56	If not, is a footrest provided?				
57	Is your chair adjusted to the proper height for your work station?	✓			

## Sheet1

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?	✓				

64

Issue 5

Renewal 14/01/23

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

Name:	Area:	If there is a problem what is the Level of Risk?			Notes	
Date:	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?		✓				

Sheet 1

## 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 Do you know that information on fire extinguishers - location and uses prevention techniques?	✓			
20 Do you know what to do in the event of a fire?	✓			
21 Are you aware of the fire assembly point?	✓			
22 Do you know what and where the fire alarm is?	✓			
23 Is protective clothing and equipment provided where needed?	✓			
24 Is it effective?	✓			
25 Do you do any lifting, if no proceed to question 49.				
26 Does the task involve holding a load away from your body?				
27 Does the task involve reaching upwards?				
28 Does the task involve strenuous pushing or pulling?				
29 Does the task involve moving or carrying a load over a long distance?				
30 Does the task involve excessive or continuous lifting?				
31 Does the task involve stooping to lift or lower the load?				
32 Does the task involve twisting the trunk?				

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?					

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

Reviewed all ok  
No Issues.

14/9/23

7, 8, 13  
34, 35, 41

64

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire						
Name:	Area:	If there is a problem what is the Level of Risk?			Notes	
Date:		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?	✓	✓			

✓  
checked  
ok.

## 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?	✓					

No issue

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

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 Vianmed 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?	✓					

Misses  
Renewal 4-9-23

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire					
Name:	Area:		If there is a problem what is the Level of Risk?		
Date:	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?	/	/	/	/	/
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?	<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?			
19 Have you been trained in the use of Fire extinguishers and fire prevention techniques?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Barbara</i>
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"/>	<i>N/A</i>
27 Is it effective?		<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?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30 Does the task involve reaching upwards?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
31 Does the task involve strenuous pushing or pulling?	<input checked="" type="checkbox"/>		
32 Does the task involve moving or carrying a load over a long distance?	<input checked="" type="checkbox"/>		
33 Does the task involve excessive or continuous lifting?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Barbara</i>
34 Does the task involve stooping to lift or lower the load?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Barbara</i>
35 Does the task involve twisting the trunk?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Barbara</i>

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

ASK FOR ASSISTANCE  
SUCH AS THE MEMBER OF STAFF

56 If not, is a footrest provided?	N/A
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?	✓

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

Name: <u>E. M. M. C. Clark</u>	Date: <u>26/11/2013</u>	Area: <u>Workshop</u>	If there is a problem what is the Level of Risk?					
			Yes	No	Low	Medium	High	Notes
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"/>					
4	Is the humidity comfortable?		<input checked="" type="checkbox"/>					
5	Is the heating comfortable?		<input checked="" type="checkbox"/>					
6	Is there any problem with air flow?		<input checked="" type="checkbox"/>					
7	Are there any problems with hygiene?		<input checked="" type="checkbox"/>					
8	Is the area around the workstation / workbench clear of any obstructions?		<input checked="" type="checkbox"/>					
9	Are walkways clear of obstructions?		<input checked="" type="checkbox"/>					
10	Are items stacked on shelving properly?		<input checked="" type="checkbox"/>					
11	Is the flooring slippery, uneven, sloped or have holes?		<input checked="" type="checkbox"/>					
12	Is there any loose or ripped carpeting?		<input checked="" type="checkbox"/>					
13	Are radiators clear of anything combustible?		<input checked="" type="checkbox"/>					
14	Do any cables or wires run across the floor?		<input checked="" type="checkbox"/>					
15	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"/>	<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 type="checkbox"/>	<input type="checkbox"/>
17	Are there any problems with static electricity?	<input checked="" 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"/>
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"/>
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"/>
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"/>
22	Are you aware of the fire assembly point?	<input checked="" 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"/>
26	Is protective clothing and equipment provided where needed?	<input checked="" 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"/>
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"/>
29	Does the task involve holding a load away from your body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Does the task involve reaching upwards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Does the task involve strenuous pushing or pulling?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does the task involve excessive or continuous lifting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Does the task involve stooping to lift or lower the load?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Does the task involve twisting the trunk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sheet1

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

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?	—	—	—	—	—

No problems

Revised  
4-9-23

## Risks / Hazards and 7.1.4 Environment Of Operations

### Personnel Questionnaire

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?	✓				

## 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?	✓			

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?				

Q 69 asked Michael if we can help

Sheet 1

Renewed 25-8-23 HK

Risks / Hazards and 7.1.4 Environment Of Operations					
Personnel Questionnaire					
Name:	Area:		If there is a problem what is the Level of Risk?		
Date:	16-8-23				
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?	/	/	/		

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?	✓	✓		

56 If not, is a footrest provided?	~	~	X	
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?	~	~	X	
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?	~	~		

7 checked + ok.  
13 checked + ok  
30 No problem  
38 No problem

69	Spoke	Sheet	60	No problem
			41	No problem
			64	No problem
			04	No problem

	30 38 + No problem	64 66 + No problem
<b>Risks / Hazards and 7.1.4 Environment Of Operations</b>	69 Spokane / Sheetline and not really work tried and familiar issues at	

## Risks / Hazards and 7.1.4 Environment Of Operations

## Personnel Questionnaire

Risks / Hazards and 7.1.4 Environment Of Operations						
Personnel Questionnaire						
Name:	Area:	If there is a problem what is the Level of Risk?				
Date:		Yes	No	Low	Medium	High
Personal and Personal Working Area						
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?	✓				
1	Is there any loose or ripped carpeting?	✓				
2	Are radiators clear of anything combustible?	✓				
3	Do any cables or wires run across the floor?	✓	✓			
4	Are all electrical cables in good condition?	✓				

Renewed H. L. 25-8-23. Checked those except checkins in

flashed no issues to follow up  
see about Q 69.

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?	/	/	/	/	/	/
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?	/	/	/	/	/	/

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?	/	/	/	/	/

*Somewhat Not  
at All*

219

Sheet1

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire						If there is a problem what is the Level of Risk? Notes
Name:	Area:	Viamed and home offices			If there is a problem what is the Level of Risk? Notes	
Date:	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?		✓				
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?		✓				No Issues
20 Do you know that information on fire extinguishers - location and uses 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?					
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

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

**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	
		Personal and Personal Working Area		Yes	No	Low	Medium	High	
1	Is the work area clean and tidy?			Y					
2	Is there sufficient lighting?				Y				
3	Is the temperature comfortable?				Y				
3	Is the humidity comfortable?				Y				
4	Is the heating comfortable?				Y				
5	Is there any problem with air flow?				N				
6	Are there any problems with hygiene?				N				
7	Is the area around the workstation / workbench clear of any obstructions?				N				
8	Are walkways clear of obstructions?				Y				
9	Are items stacked on shelving properly?				Y				
10	Is the flooring slippery, uneven, sloped or have holes?				N				
11	Is there any loose or ripped carpeting?				N				
12	Are radiators clear of anything combustible?				Y				
13	Do any cables or wires run across the floor?				N				
14	Are all electrical cables in good condition?				Y				

## Sheet1

15	Is there space within and around the workstation / workbench to work?	Y				
16	Are there any sources of distracting noise?		N			
17	Are there any problems with static electricity?		N			
18	Is there a Fire extinguisher in the working area?		N			
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?		N			
21	Do you know what to do in the event of a fire?	Y				
22	Are you aware of the fire assembly point?	Y				
23	Do you know what and where the fire alarm is?	Y				
26	Is protective clothing and equipment provided where needed?	Y				
27	Is it effective?	Y				
28	Do you do any lifting, if no proceed to question 49.		N			
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?				
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?	Y			
50	Have you been given all available information on the use of display screen equipment?	Y			
51	Is there a system to report faults relating to equipment including display, computer etc?	Y			
52	Are you taking appropriate breaks from your computer screen?	Y			
53	Is your chair in good working condition and adjustable?	Y			
54	Do you sit correctly in the chair?	Y			
55	Can you place both feet flat on the floor?	Y			

## Sheet1

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

Q19 Re seal Fire extinguisher Docs

Kate

Sheet 1

Risks / Hazards and 7.1.4 Environment Of Operations  
Personnel Questionnaire

Area: office / Home		If there is a problem what is the Level of Risk?			Notes	
Griffiths		Yes	No	Low	Medium	High
Personal and Personal Working Area						
Is the area clean and tidy?		✓				
Is the lighting sufficient?		✓				
Is the temperature comfortable?		✓				
Is the chair comfortable?		✓				
Is there a problem with air flow?			✓			
Are there any problems with hygiene?			✓			
Is the workstation / workbench round the clear of any obstructions?		✓				
Is the shelving clear of obstructions?		✓				
Is the shelving stacked on shelving properly?		✓				
Is the floor slippery, uneven, sloped or have holes?			✓			
Is the carpet loose or ripped?			✓			
Is the floor clear of anything combustible?		✓				
Are there any wires run across the floor?			✓			
Are the cables in good condition?		✓				

Page 1

✓

Q19

Sheet 1

Yes No

Is there space within and around the workstation / workbench to work?	✓					
Are there any sources of distracting noise?		✓				
Are there any problems with static electricity?		✓				
Is there a Fire extinguisher in the working area?	✓					
Have you been trained in the use of Fire extinguishers and fire prevention techniques?		✓				
Do you know that information on fire extinguishers - location and uses of contraststats?	✓					
Do you know what to do in the event of a fire?	✓					
Are you aware of the fire assembly point?	✓					
Do you know what and where the fire alarm is?	✓					
Is protective clothing and equipment provided where needed?	✓					
Is the clothing and equipment effective?	✓					
Do you do any lifting, if no proceed to question 49.	↓					
Do the tasks involve holding a load away from your body?						
Do the tasks involve reaching upwards?						
Do the tasks involve strenuous pushing or pulling?						
Do the tasks involve moving or carrying a load over a long distance?						
Do the tasks involve excessive or continuous lifting?						
Do the tasks involve stooping to lift or lower the load?						
Do the tasks involve twisting the trunk?						

the task involve repetitive or prolonged handling?				
the task involve unusual strength or height?				
the task involve sudden / unpredictable movements?				
are others to assist with lifting?				
packages heavy?				
packages bulky?				
packages difficult to hold?				
packages unstable?				
packages have contents that are sharp?				
packages have contents that are awkward in size?				
packages have contents that are potentially dangerous?				
packages have contents that are likely to move?				
packages have Hazardous substances present?				
you been trained on good ergonomic practices?	✓			
you been given all available information on the use of display equipment?	✓			
have a system to report faults relating to equipment including computer etc?	✓			
making appropriate breaks from your computer screen?	✓			
chair in good working condition and adjustable?	✓			
sit correctly in the chair?	✓			
place both feet flat on the floor?	✓			

If not, is a footrest provided?				
Is your chair adjusted to the proper height for your work station?	✓			
Is the desk high enough for you to sit comfortably?	✓			
Can you work comfortably at your workstation?	✓			
Is the screen free from glare and reflections?	✓			
If not, is a screen filter provided?				
Do you know you Vianmed pays for your annual eye tests?	✓			
Do you have yours eyes tested annually?	✓			
Do you have a pre-existing medical condition or health problem?	✓			
Are you pregnant?	✓			
Do you think you work in a non-discriminatory Atmosphere?	✓			
Do you think you work in a calm Atmosphere?	✓			
Do you think you work in a non-confrontational Atmosphere?	✓			
Do you feel burnt out?	✓			
Do we do anything to be emotionally protective in the current environment?	✓			
Management Approachable to Staff Issues?	✓			
Management Response to Staff Concerns / Issues ok?	✓			

Reviewed on all ok.  
4-8-23

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?					
		Office	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?		X					
6	Are there any problems with hygiene?		X					
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?		X					
11	Is there any loose or ripped carpeting?		X					
12	Are radiators clear of anything combustible?		✓					
13	Do any cables or wires run across the floor?		X					
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?	X				
17	Are there any problems with static electricity?	X				
18	Is there a Fire extinguisher in the working area?	X				
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.	X				
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?						
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 Vianmed 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?	✓					

Reviewed  
2-8-23

No Issues

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

Sheet1

Personal and Personal Working Area	Yes	No	If there is a problem what is the Level of Risk?			Notes
			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?	/	/				

	Sheet1	Y	N
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?	/	/	/	/
Have you been given all available information on the use of display equipment?	/	/	/	/
50 Screen equipment?	/	/	/	/
Is there a system to report faults relating to equipment including display, computer etc?	/	/	/	/
51 Are you taking appropriate breaks from your computer screen?	/	/	/	/
52 Is your chair in good working condition and adjustable?	/	/	/	/
53 Do you sit correctly in the chair?	/	/	/	/
54 Can you place both feet flat on the floor?	/	/	/	/

## Sheet1

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

Renewed

2-8-23

No Issues

Sheet1 Working solely at Home

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?			
		Yes	No	Low	Medium
1	Is the work area clean and tidy?	x			
2	Is there sufficient lighting?	x			
3	Is the temperature comfortable?	x			
3	Is the humidity comfortable?	x			
4	Is the heating comfortable?	x			
5	Is there any problem with air flow?	x			
6	Are there any problems with hygiene?	x			
7	Is the area around the workstation / workbench clear of any obstructions?	x	✓		
8	Are walkways clear of obstructions?	x			
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?	x	x		
14	Are all electrical cables in good condition?	x			

no issues.

## Sheet1

15 Is there space within and around the workstation / workbench to work?					N/A
16 Are there any sources of distracting noise?				X	
17 Are there any problems with static electricity?				X	
18 Is there a Fire extinguisher in the working area?				X	
19 Have you been trained in the use of Fire extinguishers and fire prevention techniques?				X	N/A
20 Do you know that information on fire extinguishers - location and uses is in intrastats?				X	
21 Do you know what to do in the event of a fire?				X	
22 Are you aware of the fire assembly point?				X	
23 Do you know what and where the fire alarm is?				X	
24 Is protective clothing and equipment provided where needed?				X	
25 Is it effective?				X	
26 Do you do any lifting, if no proceed to question 49.				X	
27 Does the task involve holding a load away from your body?				X	
28 Does the task involve reaching upwards?				X	
29 Does the task involve strenuous pushing or pulling?				X	
30 Does the task involve moving or carrying a load over a long distance?				X	
31 Does the task involve excessive or continuous lifting?				X	
32 Does the task involve stooping to lift or lower the load?				X	
33 Does the task involve twisting the trunk?				X	

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?						
Have you been given all available information on the use of display screen equipment?						
50 Is there a system to report faults relating to equipment including display, computer etc?						
51 Are you taking appropriate breaks from your computer screen?						
52 Is your chair in good working condition and adjustable?						
53 Do you sit correctly in the chair?						
54 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?	x
58 Is the desk high enough for you to sit comfortably?	x
59 Can you work comfortably at your workstation?	x
60 Is the screen free from glare and reflections?	x
61 If not, is a screen filter provided?	
62 Do you know you Vianed pays for your annual eye tests?	x
63 Do you have yours eyes tested annually?	x
64 Do you have a pre-existing medical condition or health problem?	x
65 Are you pregnant?	x
66 Do you think you work in a non-discriminatory Atmosphere?	x
67 Do you think you work in a calm Atmosphere?	x
68 Do you think you work in a non-confrontational Atmosphere?	x
69 Do you feel burnt out?	x
70 Can we do anything to be emotionally protective in the current environment?	x
71 Are Management Approachable to Staff Issues?	x
72 Is the Management Response to Staff Concerns / Issues ok?	x

Renewed  
2-8-23

No Issues

Sheet 1

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

**Personnel Questionnaire**

Personal and Personal Working Area	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?	✓					
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?	✓					

Sheet 1	Yes	No
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	Yes	No	Not
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?	✓			

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

Renewal  
2 - 8 - 23

No Issues

Sheet 1

**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
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?						

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?				
	Have you been trained in the use of Fire extinguishers and fire prevention techniques?				
19	Do you know that information on fire extinguishers - location and uses is in intrastats?				
20	Do you know what to do in the event of a fire?				
21	Are you aware of the fire assembly point?				
22	Do you know what and where the fire alarm is?				
23	Is protective clothing and equipment provided where needed?				
24	Is it effective?				
25	Do you do any lifting, if no proceed to question 49.				
26	Does the task involve holding a load away from your body?				
27	Does the task involve reaching upwards?				
28	Does the task involve strenuous pushing or pulling?				
29	Does the task involve moving or carrying a load over a long distance?				
30	Does the task involve excessive or continuous lifting?				
31	Does the task involve stooping to lift or lower the load?				
32	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 type="checkbox"/>					
52 Are you taking appropriate breaks from your computer screen?	<input type="checkbox"/>					
53 Is your chair in good working condition and adjustable?	<input 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"/>					

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?				

Revised  
2-8-23  
No issue

Sheet 1

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire					
Name:	Area:	If there is a problem what is the Level of Risk?			
Date:	2-8-23	Yes	No	Low	Medium
1	Is the work area clean and tidy?	✓	✓	✓	✓
2	Is there sufficient lighting?	✓	✓	✓	✓
3	Is the temperature 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?	✓	✓	✓	✓

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?				
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?	✓			

Q19 Fire Ext

Q49 Send a good ergonomic issue. Sent #304880

Sheet 1

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire						
Name: ROBERT CONNER		Area: WOODS IN				
Date: 7/8/23		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?		✓				
4 Is the humidity comfortable?		✓				
5 Is the heating comfortable?		✓				
6 Is there any problem with air flow?			✓			
7 Is there any problems with hygiene?			✓			
8 Is the area around the workstation / workbench clear of any obstructions?		✓				
9 Are walkways clear of obstructions?		✓				
10 Are items stacked on shelving properly?		✓				
11 Is the flooring slippery / uneven / sloped or have holes?			✓			
12 Is there any loose or ripped carpeting?			✓			
13 Are radiators clear of anything combustible?						
14 Do any cables or wires run across the floor?		✓				
15 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?	✓			
17 Are there any problems with static electricity?	✓			
18 Is there a Fire extinguisher in the working area? Have you been trained in the use of Fire extinguishers and fire prevention techniques?	✓	✓		
19 Do you know that information on fire extinguishers - location and uses is in intrastats?	✓			
20 Do you know what to do in the event of a fire?	✓			
21 Are you aware of the fire assembly point?	✓			
22 Do you know what and where the fire alarm is?	✓			
23 Is protective clothing and equipment provided where needed?	✓			
24 Is it effective?	✓			
25 Do you do any lifting, if no proceed to question 49	✓			
26 Does the task involve holding a load away from your body?	✓			
27 Does the task involve reaching upwards?	✓			
28 Does the task involve strenuous pushing or pulling?	✓			
29 Does the task involve moving or carrying a load over a long distance?	✓			
30 Does the task involve excessive or continuous lifting?	✓			
31 Does the task involve stooping to lift or lower the load?	✓	✓		
32 Does the task involve twisting the trunk?				

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? Have you been given all available information on the use of display screen equipment?		✓		
50 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 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? Can we do anything to be emotionally protective in the current 70 environment?		✓			
71 Are Management Approachable to Staff Issues?	✓				
72 Is the Management Response to Staff Concerns / Issues ok?	✓				