

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

Name: <u>S. Niyoh</u>		Area: <u>Home Office - Office</u>				
Date: <u>11/09/23</u>				If there is a problem what is the Level of Risk?		
				Notes		
Personal and Personal Working Area		Yes	No	Low	Medium	High
1 Is the work area clean and tidy?		✓				
2 Is there sufficient lighting?		✓				
3 Is the temperature comfortable?		✓				
3 Is the humidity comfortable?		✓				
4 Is the heating comfortable?		✓				
5 Is there any problem with air flow?			✓			
6 Are there any problems with hygiene?			✓			
7 Is the area around the workstation / workbench clear of any obstructions?		✓				
8 Are walkways clear of obstructions?		✓				
9 Are items stacked on shelving properly?		✓				
10 Is the flooring slippery, uneven, sloped or have holes?			✓			
11 Is there any loose or ripped carpeting?			✓			
12 Are radiators clear of anything combustible?		✓				
13 Do any cables or wires run across the floor?			✓			
14 Are all electrical cables in good condition?		✓				

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 of lower the load?								
35	Does the task involve twisting the trunk?								

Sheet1

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

Sheet1

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



193 63 No issue.  
203 - fire extinguishers.

ISSUE Sent 307318  
Sheet 1

Renewed ok  
No issue  
HL 21-9-23

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

**Personnel Questionnaire**

<b>Name:</b> Ajib Mugred		<b>Area:</b>						
<b>Date:</b> 18/09/23				If there is a problem what is the Level of Risk?				Notes
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>		
1	Is the work area clean and tidy?	<input checked="" type="checkbox"/>						
2	Is there sufficient lighting?	<input checked="" type="checkbox"/>						
3	Is the temperature comfortable?	<input checked="" type="checkbox"/>						
3	Is the humidity comfortable?	<input checked="" type="checkbox"/>						
4	Is the heating comfortable?	<input checked="" type="checkbox"/>						
5	Is there any problem with air flow?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
6	Are there any problems with hygiene?		<input checked="" type="checkbox"/>					
7	Is the area around the workstation / workbench clear of any obstructions?	<input checked="" type="checkbox"/>						
8	Are walkways clear of obstructions?	<input checked="" type="checkbox"/>						
9	Are items stacked on shelving properly?	<input checked="" type="checkbox"/>						
10	Is the flooring slippery, uneven, sloped or have holes?		<input checked="" type="checkbox"/>					
11	Is there any loose or ripped carpeting?		<input checked="" type="checkbox"/>					
12	Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>						
13	Do any cables or wires run across the floor?		<input checked="" type="checkbox"/>					
14	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>						

Sheet1

15	Is there space within and around the workstation / workbench to work?	✓						
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?							

Sheet1

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Do you have yours eyes tested annually?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Do you have a pre-existing medical condition or health problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Do you think you work in a non-discriminatory Atmosphere?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Do you feel burnt out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

64 No issues

Sheet 1

Reviewed by Hk 14/01/23 all ok

# Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire

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

Sheet 1

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

Sheet 1

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

Sheet 1

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



Received all ok 14 14/9/23  
No issues.

Sheet 1

7, 8, 13  
34, 35, 41  
64

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire						
Name: Linda Shearings	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is there sufficient lighting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the temperature comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the humidity comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the heating comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there any problem with air flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are there any problems with hygiene?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is the area around the workstation / workbench clear of any obstructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are walkways clear of obstructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are items stacked on shelving properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is the flooring slippery, uneven, sloped or have holes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Is there any loose or ripped carpeting?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do any cables or wires run across the floor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Sheet1

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

Sheet1

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

No issues.  
Renewed 4-9-23

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

**Personnel Questionnaire**

<b>Name:</b> Cathy Green		<b>Area:</b> Goods Out					
<b>Date:</b>				If there is a problem what is the Level of Risk?			
				Low	Medium	High	Notes
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>				
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?		/					
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?	✓	✓				NA
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?		NA				
28	Do you do any lifting, if no proceed to question 49.	✓		✓			
29	Does the task involve holding a load away from your body?	✓		✓			
30	Does the task involve reaching upwards?	✓		✓			
31	Does the task involve strenuous pushing or pulling?	✓		✓			
32	Does the task involve moving or carrying a load over a long distance?		✓				
33	Does the task involve excessive or continuous lifting?	✓		✓		✓	
34	Does the task involve stooping to lift or lower the load?	✓		✓		✓	
35	Does the task involve twisting the trunk?	✓		✓		✓	

Sheet 1

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

ASK FOR ASSISTANCE  
FROM THE  
MEMBER OF  
STAFF



Sheet1

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?	N/A							
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**

<b>Name:</b> Emma Clark		<b>Area:</b> Warehouse				
<b>Date:</b> 26.5.23				If there is a problem what is the Level of Risk?		
				Notes		
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
1	Is the work area clean and tidy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2	Is there sufficient lighting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3	Is the temperature comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3	Is the humidity comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4	Is the heating comfortable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
5	Is there any problem with air flow?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6	Are there any problems with hygiene?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7	Is the area around the workstation / workbench clear of any obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8	Are walkways clear of obstructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
9	Are items stacked on shelving properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
10	Is the flooring slippery, uneven, sloped or have holes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
11	Is there any loose or ripped carpeting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
12	Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
13	Do any cables or wires run across the floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are there any sources of distracting noise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are there any problems with static electricity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Does the task involve holding a load away from your body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does the task involve excessive or continuous lifting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Does the task involve twisting the trunk?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sheet1

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

Sheet1

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

No problems  
Reviewed  
4-9-23

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

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

Sheet1

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

Sheet1

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



Sheet 1

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



Q 69 asked Michael if we can help.

Sheet1

Revised 25-8-23 HK

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

<b>Name:</b> M. GALEEN		<b>Area:</b> R+D				
<b>Date:</b> 16-8-23				If there is a problem what is the Level of Risk?		
				Notes		
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are there any sources of distracting noise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are there any problems with static electricity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 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 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 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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Is it effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Does the task involve reaching upwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Does the task involve strenuous pushing or pulling?	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does the task involve excessive or continuous lifting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Does the task involve stooping to lift or lower the load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Does the task involve twisting the trunk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sheet1

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

Sheet1

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

7 checked + ok.  
 13 checked + ok  
 30 No problem  
 34 No problem  
 40 No problem  
 41 No problem  
 64 ok  
 69 Spoke Sheethale and not really work tired and family issues at home.

# Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire

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

Renewed 14  
 25-8-23. Checked those flagged No issues to follow up except checking in to see about Q69.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are there any sources of distracting noise?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are there any problems with static electricity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Does the task involve holding a load away from your body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Does the task involve reaching upwards?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Does the task involve strenuous pushing or pulling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does the task involve excessive or continuous lifting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Does the task involve twisting the trunk?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sheet1

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

Sheet1

56	If not, is a footrest provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61	If not, is a screen filter provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64	Do you have a pre-existing medical condition or health problem?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69	Do you feel burnt out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generally Not
70	Can we do anything to be emotionally protective in the current environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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## Sheet1

<b>Risks / Hazards and 7.1.4 Environment Of Operations</b> <b>Personnel Questionnaire</b>						
<b>Name:</b> Steve Hardaker		<b>Area:</b> Viamed and home offices				
<b>Date:</b> 03/08/23				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?		✓				
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?		✓			✓		No issues
20	Do you know that information on fire extinguishers - location and uses is in intrastats?	✓						
21	Do you know what to do in the event of a fire?	✓						
22	Are you aware of the fire assembly point?	✓						
23	Do you know what and where the fire alarm is?	✓						
26	Is protective clothing and equipment provided where needed?	✓						
27	Is it effective?	✓						
28	Do you do any lifting, if no proceed to question 49.		✓					
29	Does the task involve holding a load away from your body?							
30	Does the task involve reaching upwards?							
31	Does the task involve strenuous pushing or pulling?							
32	Does the task involve moving or carrying a load over a long distance?							
33	Does the task involve excessive or continuous lifting?							
34	Does the task involve stooping to lift or lower the load?							
35	Does the task involve twisting the trunk?							

Sheet1

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

Sheet1

56	If not, is a footrest provided?		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?		n/a						
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

## Sheet1

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

<b>Name:</b>		<b>Area:</b>						
<b>Date:</b> CATRIN HOLDINGS				If there is a problem what is the Level of Risk?				Notes
<b>Personal and Personal Working Area</b>		<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>		
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?		N						
20	Do you know that information on fire extinguishers - location and uses is in intrastats?	Y							
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?								

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?	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 Viamed 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					No Issues
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 Serial Fire extinguisher Docs

Kate

Sheet 1

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

e Griffiths		Area: office / Home				
		If there is a problem what is the Level of Risk?				Notes
<b>Personal and Personal Working Area</b>	<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	
Area clean and tidy?	✓					
Sufficient lighting?	✓					
Temperature comfortable?	✓					
Humidity comfortable?	✓					
Seating comfortable?	✓					
Problem with air flow?		✓				
Problems with hygiene?		✓				
Ground the workstation / workbench clear of any	✓					
Obstructions?	✓					
Stacked on shelving properly?	✓					
Floor slippery, uneven, sloped or have holes?		✓				
Loose or ripped carpeting?		✓				
Clear of anything combustible?	✓					
Wires or cables run across the floor?		✓				
Electrical cables in good condition?	✓					



2/2

Sheet 1	Yes	No					
Are there any sources of distracting noise?	✓						
Are there any problems with static electricity?		✓					
Are there any problems with static electricity?		✓					
Are there any Fire extinguishers 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?	✓						
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 it effective?	✓						
Do you do any lifting, if no proceed to question 49.	↓						
Does the task involve holding a load away from your body?							
Does the task involve reaching upwards?							
Does the task involve strenuous pushing or pulling?							
Does the task involve moving or carrying a load over a long distance?							
Does the task involve excessive or continuous lifting?							
Does the task involve stooping to lift or lower the load?							
Does the task involve twisting the trunk?							

	Yes	No			
the task involve repetitive or prolonged handling?					
the task involve unusual strength or height?					
the task involve sudden / unpredictable movements?					
ere others to assist with lifting?					
ackages heavy?					
ackages bulky?					
ackages difficult to hold?					
ackages unstable?					
ackages have contents that are sharp?					
ackages have contents that are awkward in size?					
ackages have contents that are potentially dangerous?					
ackages have contents that are likely to move?					
ackages have Hazardous substances present?					
ou been trained on good ergonomic practices?	✓				
ou been given all available information on the use of display equipment?	✓				
a system to report faults relating to equipment including computer etc?	✓				
aking appropriate breaks from your computer screen?	✓				
air in good working condition and adjustable?	✓				
t correctly in the chair?	✓				
lace 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 Viamed 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**

<b>Name:</b> Sophie Lines	<b>Area:</b> Office						
<b>Date:</b> 04/08/2023			If there is a problem what is the Level of Risk?				Notes
<b>Personal and Personal Working Area</b>			<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
1 Is the work area clean and tidy?	<input checked="" type="checkbox"/>						
2 Is there sufficient lighting?	<input checked="" type="checkbox"/>						
3 Is the temperature comfortable?	<input checked="" type="checkbox"/>						
3 Is the humidity comfortable?	<input checked="" type="checkbox"/>						
4 Is the heating comfortable?	<input checked="" type="checkbox"/>						
5 Is there any problem with air flow?	<input checked="" type="checkbox"/>						
6 Are there any problems with hygiene?	<input checked="" type="checkbox"/>						
7 Is the area around the workstation / workbench clear of any obstructions?	<input checked="" type="checkbox"/>						
8 Are walkways clear of obstructions?	<input checked="" type="checkbox"/>						
9 Are items stacked on shelving properly?	<input checked="" type="checkbox"/>						
10 Is the flooring slippery, uneven, sloped or have holes?	<input checked="" type="checkbox"/>						
11 Is there any loose or ripped carpeting?	<input checked="" type="checkbox"/>						
12 Are radiators clear of anything combustible?	<input checked="" type="checkbox"/>						
13 Do any cables or wires run across the floor?	<input checked="" type="checkbox"/>						
14 Are all electrical cables in good condition?	<input checked="" type="checkbox"/>						

Sheet1

15	Is there space within and around the workstation / workbench to work?							
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			✓			No probs
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?	?						N/A
27	Is it effective?	?						N/A
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?							

Sheet1

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

Sheet1

56	If not, is a footrest provided?	✓							
57	Is your chair adjusted to the proper height for your work station?	✓							
58	Is the desk high enough for you to sit comfortably?	✓							
59	Can you work comfortably at your workstation?	✓							
60	Is the screen free from glare and reflections?	✓							
61	If not, is a screen filter provided?								
62	Do you know you Viamed pays for your annual eye tests?	✓							
63	Do you have yours eyes tested annually?	✓							
64	Do you have a pre-existing medical condition or health problem?	✓				✓			No Issues
65	Are you pregnant?	X							
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?	X							
71	Are Management Approachable to Staff Issues?	✓							
72	Is the Management Response to Staff Concerns / Issues ok?	✓							



Renewed  
2-8-23

No Issues

Sheet1

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

<b>Name:</b> RYAN SWANE		<b>Area:</b> Warehouse Office					
<b>Date:</b> 21/08/2023							
	<b>Personal and Personal Working Area</b>	<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Notes</b>
1	Is the work area clean and tidy?	/					
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?		✓						

Sheet 1

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

Sheet1

56	If not, is a footrest provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Do you feel burnt out?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed No issues

2-8-23

Sheet1

working safely at home

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

<b>Name:</b>	<b>Area:</b>						
<b>Date:</b>			If there is a problem what is the Level of Risk?				<b>Notes</b>
<b>Personal and Personal Working Area</b>			<b>Yes</b>	<b>No</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
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?						N/A
10	Is the flooring slippery, uneven, sloped or have holes?						N/A
11	Is there any loose or ripped carpeting?						N/A
12	Are radiators clear of anything combustible?		X				
13	Do any cables or wires run across the floor?			X			
14	Are all electrical cables in good condition?		X				

working safely at home  
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?						N/A
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?						N/A
23	Do you know what and where the fire alarm is?						N/A
26	Is protective clothing and equipment provided where needed?						N/A
27	Is it effective?						N/A
28	Do you do any lifting, if no proceed to question 49.						
29	Does the task involve holding a load away from your body?						
30	Does the task involve reaching upwards?						
31	Does the task involve strenuous pushing or pulling?						
32	Does the task involve moving or carrying a load over a long distance?						
33	Does the task involve excessive or continuous lifting?						
34	Does the task involve stooping to lift or lower the load?						
35	Does the task involve twisting the trunk?						

Sheet1

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

Sheet1

56	If not, is a footrest provided?								
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 Viamed 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

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

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?	✓							

Yes No

56	If not, is a footrest provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Do you have yours eyes tested annually?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Renewed  
2-8-23

No Issues

Sheet 1

# Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire

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

Sheet 1

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

Sheet 1

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

Sheet 1

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



Reviewed  
2-8-23 No issues

Sheet 1

Risks / Hazards and 7.1.4 Environment Of Operations  
Personnel Questionnaire

Name: Phil Cresser		Area: Workshop					
Date: 2.8.23				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?	✓					
3	Is the humidity comfortable?	✓					
4	Is the heating comfortable?	✓					
5	Is there any problem with air flow?		✓				
6	Are there any problems with hygiene?		✓				
7	Is the area around the workstation / workbench clear of any obstructions?	✓					
8	Are walkways clear of obstructions?	✓					
9	Are items stacked on shelving properly?	✓					
10	Is the flooring slippery, uneven, sloped or have holes?		✓				
11	Is there any loose or ripped carpeting?		✓				
12	Are radiators clear of anything combustible?	✓	✓				
13	Do any cables or wires run across the floor?		✓				
14	Are all electrical cables in good condition?	✓					

Sheet1

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

## Sheet 1

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

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 Are ext

Q49 Send good ergonomic issue sent #304880

Sheet1

Risks / Hazards and 7.1.4 Environment Of Operations Personnel Questionnaire						
Name: <b>ROBERT CONNOR</b>	Area: <b>Goods IN</b>					
Date: <b>7/8/23</b>	If there is a problem what is the Level of Risk?					Notes
<b>Personal and Personal Working Area</b>	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?		✓						

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?	<del>✓</del>				
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?	✓				