

RISK - Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name:	Helen Lamb				
Date:	19 - Aug - 24				
Area:	Accounts				
	If there is a problem what is the Level of Risk?				
	Yes	No	Low	Medium	High
1 Is the work area clean and tidy?	✓				
2 Is there sufficient lighting?	✓				
3 Is the temperature comfortable?	✓				
4 Is the humidity comfortable?	✓				
5 Is there any problem with air flow?	✓				
6 Are there any problems with hygiene?	✓				
7 Is the area around the workstation / workbench clear of any obstructions?	✓				
8 Are walkways clear of obstructions?	✓				
9 Are items stacked on shelving properly?	✓				
10 Is the flooring slippery, uneven, sloped or have holes?	✓				
11 Is there any loose or ripped carpeting?	✓				
12 Are radiators clear of anything combustible?	✓				
13 Do any cables or wires run across the floor?	✓				
14 Are all electrical cables in good condition?	✓				

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

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?	✓