

Risks / Hazards and 7.1.4 Environment Of Operations

Personnel Questionnaire

Name: Helen Lamb		Area: Accounts					
Date: 19-Aug-24							
Personal and Personal Working Area		Yes	No	Low	Medium	High	Notes
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
14	Are all electrical cables in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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"/>

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

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56	If not, is a footrest provided?	✓							
57	Is your chair adjusted to the proper height for your work station?	✓							
58	Is the desk high enough for you to sit comfortably?	✓							
59	Can you work comfortably at your workstation?	✓							
60	Is the screen free from glare and reflections?	✓							
61	If not, is a screen filter provided?	✓							
62	Do you know you Viamed pays for your annual eye tests?	✓							
63	Do you have yours eyes tested annually?	✓							
64	Do you have a pre-existing medical condition or health problem?		✓						
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?	✓							