

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

Name:	DEREK LAMB				Area:	MD Office			
Date:	19-8-24				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?	✓	✓						

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?	✓			

## Sheet1

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