

Risks / Hazards and 7.1.4 Environment Of Operations
Personnel Questionnaire

Name: <u>John Smith</u>	Date: <u>2/3/2024</u>	Area: <u>Manufacturing</u>	If there is a problem what is the Level of Risk?					
			Yes	No	Low	Medium	High	Notes
1 Is the work area clean and tidy?			✓					
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?			✓					

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

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?	/	/	/	/	THREATS IDENTIFIED
47 Do packages have contents that are likely to move?	/	/	/	/	/
48 Do packages have Hazardous substances present?	/	/	/	/	IDENTIFIED
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?	/	/	/	/	/	HIPERUS HANIA.
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?	/	/	/	/	/	/