

Personnel Questionnaire **Risks / Hazards**

Name: *Ayana Swaine*
Date: *20/8/13.*

Personal & Personal Working Area	RISK?		LEVEL of RISK			
	Y/N	Yes	No	Low	Medium	High
Is the work area clean and tidy?	Y					
Is there sufficient lighting?	Y					
Is the temperature comfortable?	Y					
Is there adequate heating & ventilation in the working area?	Y					
Is the area around the workstation / workbench clear of any obstructions?	Y					
Are walkways clear of obstructions?	Y					
Are items stacked on shelving properly?	Y					
Is the flooring: slippery, uneven, sloped or have holes?	Y					
Is there any loose or ripped carpeting?	Y					
Are radiators clear of anything combustible?	Y					
Do any cables or wires run across the floor?	Y					
Are all electrical cables in good condition?	Y					
Is there space within and around the workstation / workbench to work?	Y					
Are there any sources of distracting noise?	Y					
Are there any problems with static electricity?	Y					
Is there a Fire extinguisher in the working area?	Y					
Have you been trained in the use of Fire extinguishers and fire prevention techniques?	Y					
Do you know what to do in the event of a fire?	Y					
Are you aware of the fire assembly point?	Y					
Do you know what & where the fire alarm is?	Y					
Is protective clothing and equipment provided?	Y					
Is it effective?	Y					
Do you have a pre-existing medical condition or health problem?	Y					
Are you pregnant?	Y					

Personnel Questionnaire

Risks / Hazards

Name:
Date:

RISK?

LEVEL of RISK

[illegible]

Personnel Questionnaire

Risks / Hazards

Name:
Date:

[illegible]