

Personnel Questionnaire
Risks / Hazards

Name:

Date:

RISK? **LEVEL of RISK**

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

Name: _____
Date: _____

RISK?

Name: _____

Date: _____

[illegible]