

Do you know if there are plans to bring in new machines?

- Yes No

JOB RELATED HEALTH

Compared to your health prior to employment in your current position, would you rate your health as?

- Better
 Worse
 No change

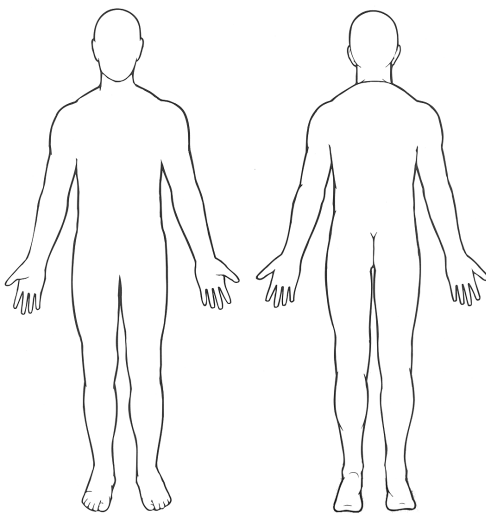
Do you experience any health problems or discomfort as a result of your current work?

- Yes No

If yes, please circle where on the body map:

front

back



CHECKING THE OFFICE FOR SAFETY

AIR QUALITY AND VENTILATION

Is your office?

- Too hot
 Too cold
 Drafty
 Dusty

Is the supply of fresh air?

- Good
 Inadequate
 None at all

Is the air circulation?

- Good
 Poor
 No circulation at all

Are there any irritating fumes in the air?

- Yes No

If yes where do they come from?

- Photocopying machine
 Printer
 Other _____

FIRE

Are the escape routes?

- properly maintained
 free from obstructions
 left unlocked during working hours
 clearly marked

Is there an effective fire alarm

- Yes No

Is it tested every 3 months?

- Yes No

Is fire fighting equipment provided?

- Yes No

Is it properly maintained?

- Yes No

Are there regular fire drills?

- Yes No

Have there been any changes in the workplace, which could effect fire safety, including any increase in staffing levels?

- Yes No

STORAGE & LIFTING

Do you consider there to be sufficient storage facilities to accommodate the needs of the office?

- Yes No

Are all storage facilities accessible?

- Yes No

Are storage facilities designed to minimise lifting problems ie. Between knee and shoulder?

- Yes No

Is there any agreement about the maximum weight that can be lifted?

- Yes No

How often are you required to lift heavy objects?

- Regularly
 Irregularly
 Never

Have you been injured due to heavy lifting?

- Yes No

Are you aware of any co-workers who have been injured due to heavy lifting?

- Yes No

Have you been trained in correct lifting techniques?

- Yes No

Is there any way that jobs could be redesigned to avoid heavy lifting?

- Yes No