

**INSTRUCTIONS: PLEASE READ**

1. There are four questionnaires in total. They cover the topic areas of: slips, trips and falls; workplace transport; musculoskeletal disorders and working at height. These areas have been identified by the Health and Safety Commission as contributing nationally the highest rates of accidents/incidents and ill health at work.

2. The questionnaires ask you a series of basic questions about your workplace. For each question please attempt to answer in the box below with as much relevant information as possible.

**4. NOT RELEVANT?**

Should you consider any of the questionnaires to be irrelevant to your business (e.g. if your work activities are entirely office based and you have no workplace transport) then you need not complete that questionnaire. Please note that slips, trips & fall hazards are likely to be present in ALL workplaces.

Please read all of the questionnaires and ensure that you are satisfied that you have completed all relevant questions. **Please fill in the Company details before submitting the questionnaire:**

<b>Name of Person Completing Questionnaires</b>	
<b>Contact Telephone No.</b>	
<b>Email address</b>	
<b>Name of Company</b>	
<b>Address</b>	
<b>Main Work activities</b>	

<b>Approx No. of Employees</b>	<b>MALE</b>	<b>FEMALE</b>
PART TIME		
FULL TIME		

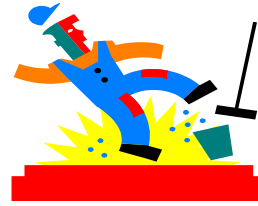
**THANK YOU FOR YOUR CO-OPERATION**

**We would appreciate your feedback on these questionnaires.  
Please write any comments you may have on the questionnaire ( i.e. its size, layout, contents, usefulness) in the space below**

**COMMENTS.....**

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# SLIPS & TRIPS



1. Are you aware of slip and/or trip accidents in your workplace, do you keep a record of them?

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2. Can you say how many slips and/or trips accidents have taken place in your workplace over the past two years?

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3. List the type of floor surfaces in your business premises (e.g. ceramic tiles, carpet, lino)

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4. How do you limit the effects of spillages on floor surfaces (e.g. Anti slip floors, use of dry cleaning methods, use of signage, provision of non slip footwear) ?

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5. Who is responsible for routine cleaning ( e.g general Staff, cleaning Staff, contractors)?

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6. Are your general staff responsible for cleaning spillages during the working day (i.e. spilt drinks, cooking oil) ?

Yes      No  
Please    ✓

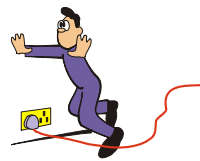
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7. How have you ensured that cleaning staff or contractors are aware of the correct cleaning regime for all the floor surfaces in your workplace (i.e. detail training given and/or supervision arrangements) ?

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8. Have you considered exits/entrances to the building (e.g. slippery reception areas, staff going to and from outbuildings), if so, what precautions have you put in place (e.g. non slip mats)

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9. Are there any changes in floor level in your workplace (i.e. steps, sloping floors), what have you done about them ? (i.e. highlighted nosings of steps/increased lighting on staircases/friction grips on slopes)

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10. Are there hand rails to all steps and/or slopes? If not, explain why and any remedy you propose

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11. Are there any obstructions or accumulations in your workplace that may cause a trip hazard? If so, what are you doing about them? If you answered no, why?

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**\*if you have completed a written risk assessment of your slips and trips risks in your workplace please send us a copy.**