

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:**

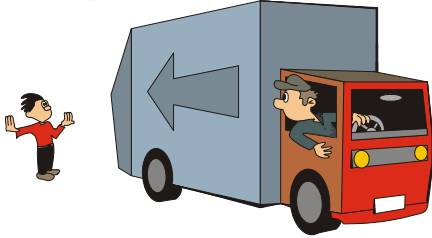
| | |
|---|--|
| Name of Person Completing Questionnaires | |
| Contact Telephone No. | |
| Email address | |
| Name of Company | |
| Address | |
| Main Work activities | |

| | | |
|--------------------------------|-------------|---------------|
| Approx No. of Employees | MALE | FEMALE |
| PART TIME | | |
| FULL TIME | | |

THANK YOU FOR YOUR CO-OPERATION

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| 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..... |

WORKPLACE TRANSPORT



1. Please list the vehicles used for the conduct of your business activities in the table below i.e. Vans, HGVs, Fork Lift Trucks.

| Vehicle Type | How Many |
|--------------|----------|
| | |
| | |
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| | |

2. Are you aware of any accidents involving vehicles during the conduct of your business activities? Do you keep a record of them?

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3. Can you say how many workplace transport accidents have taken place in your business over the past two years?

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4. Please detail the 'type' and 'frequency' of training given to drivers of these vehicles

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5. How have you laid out your traffic routes to ensure separation between vehicles and pedestrians? (i.e. in car parks, warehouse, yard)

Send us a sketch if there is not enough space below.

6. In order to ensure that the vehicles are safe you should carry out regular checks and maintenance of them. Please detail the 'type' & 'frequency' of checks and examinations that you carry out on them.



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7. Do the vehicular activities involving loading/unloading of goods. If so, please detail the precautions you have implemented to prevent people being struck or run over by the vehicle
e.g. fixed mirrors, barriers, secured loads

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8. Please list other measures taken to ensure safe movement of vehicles around the workplace e.g. speed limits, speed humps, signage



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9. How do you check and correct unsafe behaviour relating to workplace transport?

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*** If you have completed a written risk assessment of workplace transport please send us a copy.**