Checklist Health and Safety Client

Company name :

Department :

Questionnaire

1. Main activities the employee will perform:  
   Primarily office-based work
2. Will the employee:  be standing or sitting for long periods of time?  be looking at a computer screen?  do work that consists of fast repetitive movements?  work under time pressure?  work at variable times?  work overtime on regular basis?
3. What precautions have been taken to prevent the risks, mentioned in question 2?   
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4. Does the employee need a certain education/instruction to perform the job?  no  
    yes, e.g.:
5. Is there health and safety information material about your company present for the employee to look through?

no  
 yes, e.g.:

1. Who checks if the employee follows safety rules and regulations?  
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2. Is there someone within the company responsible for all matters related to working conditions?   
    no  
    yes, name and position:
3. Are there other relevant matters related to health and safety?  
    no  
    yes, e.g.:
4. Does the company offer a periodic occupational health examination (*NL: PAGO*) to the employee?  
   ☐ no

☐ yes

Name company’s contact person :

Position :

Date :

Signature client