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