Checklist Health and Safety Client

Company name :

Department :

Questionnaire

1. Main activities the employee will perform:  
   Primarily yard or production facilities work
2. Will the employee:  work with machines and/or tools?  work with dangerous (chemical) substances, gasses, fumes?  do heavy physical work?  work in or with extreme heat?  be standing or sitting for long periods of time?  be looking at a computer screen?  work at high altitudes?  do work that consists of fast repetitive movements?  work in a noisy environment?  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 personal protective equipment?  
    no  
    yes, e.g.:
5. Does the employee need a certain education / instruction to perform the job?  no  
    yes, e.g.:
6. 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