

Occupational Safety & Health Risks

► Assessment of workplace risks is the foundation of a company's occupational safety and health (OSH) system. The aim is that no one becomes ill or gets injured due to work activities. OSH is best achieved by systematically identifying hazards and controlling risks to prevent accidents and ill health.

Company:	Group/assessor:
Object of assessment:	Date:

Assess the health and safety risks that occur in your work place. The assessment indicators are: No hazard=the issue does not cause danger and does not require control measures to be taken. Hazard occurs=the issue causes danger to the health or safety of employees or others and requires control measures to be taken. No knowledge=there is no knowledge of the issue or its effects: further examination is needed.

Fill in only those points that concern your work or work place. Write down arguments, additional information and decisions about control measures to be taken on a separate piece of paper or on the Risk Management Control Measures Summary Sheet included in the Toolkit.

Physical factors

	No hazard	Hazard occurs	No knowledge
Noise: noise level is too high; continuous/nuisance noise; impulse noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration: vibration to hands, whole body vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature conditions: too low or too high temperatures, hot or cold surfaces, draughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidity: too high or too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting: general lighting too bright or too dim, dazzle, glare, insufficient spotlighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation: e.g. ionising radiation, UV radiation, infrared radiation, electromagnetic fields, microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accident hazards

	No hazard	Hazard occurs	No knowledge
Falls from heights or into a pit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls on the level, tripping or slipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling objects or collapsing structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trapping, crushing or entanglement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit by an object, stepping on objects, collisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips, particles or substances in the air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts, abrasions, puncture wounds, burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Physical strain

	No hazard	Hazard occurs	No knowledge
Heavy lifting or other significant use of strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping, turning or twisting one's back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working on one's knees or squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful bending or turning of one's neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful turning, bending or repetitive movements, or raised position of hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous sitting or standing, insufficient rest breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical and biological factors

	No hazard	Hazard occurs	No knowledge
Substances that are hazardous to health e.g. carcinogens, allergens, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air impurities: e.g. dust, fibres, smoke, fumes, gases and vapours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflammable and explosive substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger from infectious agents, moulds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazards related to handling, storage, use and disposal of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work-related stress¹

	No hazard	Hazard occurs	No knowledge
Work too demanding or not demanding enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad work atmosphere, bullying or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous alertness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at a forced pace, lack of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large human relations workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty of employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threat of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental stressors e.g. humidity, noise, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People's actions

	No hazard	Hazard occurs	No knowledge
Failure to use (or use properly) personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe actions and risk-taking (conscious or unconscious)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actions in extraordinary situations and during disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reckless interference with equipment, malicious damage, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other comment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ See also 'Work Ability and Well-being', 'Work Community' and 'Violence at Work' (work cards): 'Stress Management' and 'Violence at Work' (info cards).

For further information see: 'Occupational Safety and Health' (info card).