

## Office Health and Safety Questionnaire

**INSTRUCTIONS:** When filling out the questionnaire, consider only your immediate work area. If your job requires that you go to a different floor, department, or building during the course of a day, it may be helpful to fill out a separate questionnaire. Some questions require a simple "yes" or "no" answer; others need in-depth explanations.

### OFFICE DESIGN

- \_\_\_\_\_ How many people work in the area that you can see from your desk?  
 \_\_\_\_\_ Do all workers in your area work regularly?

#### What size is your office?

- \_\_\_\_\_ A room with 3 or fewer people  
 \_\_\_\_\_ A room with 4-10 people  
 \_\_\_\_\_ A room with 11-20 people  
 \_\_\_\_\_ A room with 21-35 people  
 \_\_\_\_\_ A room with 36 or more people

#### Is your desk or any co-worker's within 3 feet of a:

- \_\_\_\_\_ Photocopier?  
 \_\_\_\_\_ Printer?  
 \_\_\_\_\_ Fax machines?  
 \_\_\_\_\_ Postage meter?  
 \_\_\_\_\_ Electric punch?  
 \_\_\_\_\_ 2-way radio?  
 \_\_\_\_\_ Other machines?

#### Does your office have:

- \_\_\_\_\_ Enough space?  
 \_\_\_\_\_ Not enough space?  
 \_\_\_\_\_ Too much space?  
 \_\_\_\_\_ Enough privacy?  
 \_\_\_\_\_ Not enough privacy?  
 \_\_\_\_\_ Too much privacy?  
 \_\_\_\_\_ Other?

### ENVIRONMENT

- \_\_\_\_\_ Is your office kept clean?  
 \_\_\_\_\_ Are trash cans emptied?  
 \_\_\_\_\_ Are floors cleaned regularly?  
 \_\_\_\_\_ Are there roaches, flies, mice, or other pests? (specify)  
 \_\_\_\_\_ Machines (not including VDTs)  
 \_\_\_\_\_ What machine(s) do you use 4 hours or more each day? (specify)  
 \_\_\_\_\_ Do you get any breaks while using these machines?  
 \_\_\_\_\_ For how long?  
 \_\_\_\_\_ Do you ever have any ill effects while working these machines (headaches, nausea, eye irritation, dizziness, etc.)?  
 \_\_\_\_\_ Are liquids, powders, or lubricants used to operate any machine? (Specify brand name and the label contents.)

#### Which of the following do you use daily?

- \_\_\_\_\_ Correction Fluid  
 \_\_\_\_\_ Rubber cement  
 \_\_\_\_\_ Other (specify)  
 \_\_\_\_\_ Do you use a photocopy machine?  
 \_\_\_\_\_ If so, specify brand and model.  
 \_\_\_\_\_ How many hours a day do you use it?

- \_\_\_ Do you leave the hood open while you work?
- \_\_\_ Do you look into the light while operating the machine?
- \_\_\_ Does your machine ever smoke or catch on fire?
- \_\_\_ Do you add toner to the machine?
- \_\_\_ Does the photocopier room have ventilation?
- \_\_\_ Are you given thorough instructions for using machines, tools, and equipment?
- \_\_\_ Are you permitted to work without interference or distractions.
- \_\_\_ Are "Out of Order" signs posted to identify defective equipment?
- \_\_\_ Are scissors, knives, and other sharp tools kept closed or put away when not in use?

**VIDEO DISPLAY TERMINALS**

- \_\_\_ List brand and model of your machine.
- \_\_\_ How many hours a day do you use it?
- \_\_\_ Do you use it continuously or with interruptions?
- \_\_\_ Is the screen easy to read?
- \_\_\_ Does the screen have an anti-glare surface?
- \_\_\_ What color is the screen?
- \_\_\_ What color are the characters?
- \_\_\_ What color is the wall behind the screen?
- \_\_\_ Is the brightness adjustable?
- \_\_\_ Is the keyboard attached to the machine, or is it separate?

- \_\_\_ Are there blinds or curtains on nearby windows?
- \_\_\_ Do the characters on the screen appear to flicker?
- \_\_\_ Do you have to strain to read them?
- \_\_\_ Do you wear glasses while using the machine?
- \_\_\_ Are they bifocals?
- \_\_\_ How often do you have your prescription changed?

**When operating the VDT, do you ever:**

- \_\_\_ Get irritated or sore eyes?
- \_\_\_ Get dizzy or nauseous?
- \_\_\_ Get tense or nervous?
- \_\_\_ What do you like best about the VDT?
- \_\_\_ What do you like least about the VDT?

**STRESS AND FATIGUE**

- \_\_\_ Do you stand all day doing your job?
- \_\_\_ Half a day?
- \_\_\_ 2 hours or less?
- \_\_\_ Do you sit all day?
- \_\_\_ Do your feet rest on the floor when sitting?

**Do you have:**

- \_\_\_ Varicose veins?
- \_\_\_ Backaches or pains?
- \_\_\_ Stiff neck?
- \_\_\_ Foot problems?
- \_\_\_ Other ailments? (specify)
- \_\_\_ Do you ever lift heavy objects at work?

**Does your job make you tense?**

\_\_\_\_\_ Describe specific symptoms.

**AIR QUALITY**

\_\_\_\_\_ Does your office have windows?

\_\_\_\_\_ Do they open and close?

**Does your office have:**

\_\_\_\_\_ Central air conditioning?

\_\_\_\_\_ Window air conditioners?

\_\_\_\_\_ Fans or other blowers?

\_\_\_\_\_ Are you exposed to drafts?

\_\_\_\_\_ Is there sufficient air circulation?

\_\_\_\_\_ Is the air ever smoky, stale, or stuffy?

\_\_\_\_\_ If so, about how many hours per day?

\_\_\_\_\_ Do you ever notice peculiar odors?

\_\_\_\_\_ Do you know what the smell is and where it comes from?

**Is your office usually:**

\_\_\_\_\_ Too hot?

\_\_\_\_\_ Too cold?

\_\_\_\_\_ Just right?

\_\_\_\_\_ Too humid?

\_\_\_\_\_ Too stuffy?

\_\_\_\_\_ Can you or other workers regulate the temperature?

**How often do you get colds?**

\_\_\_\_\_ Rarely or never

\_\_\_\_\_ Once or twice a year

\_\_\_\_\_ Three or more times a year

**Do you frequently have:**

\_\_\_\_\_ Sore throats?

\_\_\_\_\_ Stiff shoulders or neck?

**LIGHTS AND NOISE**

\_\_\_\_\_ Do you use a window as a light source?

**What type of overload lighting do you have?**

\_\_\_\_\_ Fluorescent

\_\_\_\_\_ Incandescent (bulb)

\_\_\_\_\_ Other

\_\_\_\_\_ Are fluorescent lights covered?

\_\_\_\_\_ Do you have a desk lamp?

\_\_\_\_\_ Can you adequately control your office lighting?

**Is your work area:**

\_\_\_\_\_ Too noisy?

\_\_\_\_\_ Too quiet?

\_\_\_\_\_ Just right?

\_\_\_\_\_ Are there quiet places in the office to go to when you need to concentrate?

**When you get home from work do you notice any:**

\_\_\_\_\_ Difficulty with your hearing?

\_\_\_\_\_ Ringing in your ears?

**What are the most frequent causes of accidents:**

\_\_\_\_\_ Lifting heavy objects

\_\_\_\_\_ Tripping or falling

\_\_\_\_\_ Defective equipment?

\_\_\_\_\_ Cuts

\_\_\_\_\_ Burns

\_\_\_\_\_ Other (specify)

\_\_\_\_\_ Have there been any disabling accidents recently?

\_\_\_\_\_ If so, describe.

\_\_\_\_\_ Are fire exits marked?

\_\_\_\_\_ Do you have access to fire extinguisher?

- \_\_\_\_\_ Do you know how to use it?
- \_\_\_\_\_ Do you have fire drills?
- \_\_\_\_\_ Do you know where the nearest stairs are located?
- \_\_\_\_\_ Are stairs well lit?
- \_\_\_\_\_ Do they have handrails?
- \_\_\_\_\_ Have there been any fires or explosions?
- \_\_\_\_\_ Are there "no smoking" areas in your office?
- \_\_\_\_\_ Are they enforced?
- \_\_\_\_\_ Is there a doctor or nurse on the premises?
- \_\_\_\_\_ Is there a well-stocked first-aid kit on the premises?

**Does your office have adequate security against intruders?**

- \_\_\_\_\_ Are entrances locked?
- \_\_\_\_\_ Do elevators have alarms?
- \_\_\_\_\_ Have there been any security problems?
- \_\_\_\_\_ If so, describe.
- \_\_\_\_\_ Do you know how to locate police or security officers in an emergency?

**GENERAL HEALTH**

- \_\_\_\_\_ Does your company give physical exams or medical tests?
- \_\_\_\_\_ If so, describe.
- \_\_\_\_\_ Are you given test results?
- \_\_\_\_\_ Does your company have a health plan?
- \_\_\_\_\_ Do you think it is adequate?

**Do you or your co-workers complain about**

- \_\_\_\_\_ Skin rashes?
- \_\_\_\_\_ Infections?

- \_\_\_\_\_ Dizziness?
- \_\_\_\_\_ Headaches?
- \_\_\_\_\_ Eye irritation/swelling?
- \_\_\_\_\_ Nausea?
- \_\_\_\_\_ Swollen feet/ankles?
- \_\_\_\_\_ Sore throats?
- \_\_\_\_\_ Chest pain?
- \_\_\_\_\_ Ulcers?
- \_\_\_\_\_ High blood pressure?
- \_\_\_\_\_ Have women in your office had miscarriages or other childbirth-related problems?

**OFFICE POLICIES**

- \_\_\_\_\_ Do you have a morning break?
- \_\_\_\_\_ Do you have an afternoon break?
- \_\_\_\_\_ Do you work overtime?
- \_\_\_\_\_ About how much each month?
- \_\_\_\_\_ Are you paid for overtime?
- \_\_\_\_\_ Do you get advance notice of overtime?

**How would you describe the social climate at your office?**

- \_\_\_\_\_ Friendly
- \_\_\_\_\_ About normal
- \_\_\_\_\_ Unfriendly
- \_\_\_\_\_ Other (specify)
- \_\_\_\_\_ Are there any major disputes between workers and management?
- \_\_\_\_\_ If so, describe.
- \_\_\_\_\_ Is your immediate supervisor generally supportive of what you do?

On a separate sheet of paper, describe any other information about your job, the office environment, and your health that you think might be important.