

# Worksheet C1

## Factors for the Risk Assessment

Firm \_\_\_\_\_ Effective Date \_\_\_\_\_


Company/Part of Company \_\_\_\_\_

Working Area\* \_\_\_\_\_

Activity\* \_\_\_\_\_ \* indicate as appropriate.

### Basic Organisational Factors

In this section you can check off organisational regulations, which you already apply in the company.

<b>1</b>		<input type="checkbox"/> 1.1 Workplace-Related Training	<input type="checkbox"/> 1.4 Hazardous Work Use of Personal Protective Equipment	<input type="checkbox"/> 1.7 Alarm and Rescue Measures	<input type="checkbox"/> 1.10 General Communication
		<input type="checkbox"/> 1.2 Workplace-Related Operating Instructions	<input type="checkbox"/> 1.5 Use of Personal Protective Equipment	<input type="checkbox"/> 1.8 Hygiene	<input type="checkbox"/> 1.11 Mandatory Testing of Work Equipment
		<input type="checkbox"/> 1.3 Coordination of Work	<input type="checkbox"/> 1.6 First-Aid Systems	<input type="checkbox"/> 1.9 Organisation of Occupational Safety and Health	<input type="checkbox"/> 1.12 Groups of Persons with Special Needs

### Risk and Stress Factors

In this overview you can select risk and stress factors, which are true for the company.

<b>2</b>		<input type="checkbox"/> 2.1 Working Spaces	<input type="checkbox"/> 2.2 Traffic Routes	<input type="checkbox"/> 2.3 Falling on Even Ground, Slipping, Stumbling, Twisting one's Ankle, Miss-steps	<input type="checkbox"/> 2.4 Falling from a Height	<input type="checkbox"/> 2.5 Containers, Silos and Confined Spaces	<input type="checkbox"/> 2.6 Working close to Water				
<b>3</b>		<input type="checkbox"/> 3.1 Heavy Physical Work	<input type="checkbox"/> 3.2 Physical Work Straining on one Side	<input type="checkbox"/> 3.3 Lighting	<input type="checkbox"/> 3.4 Climatic Conditions	<input type="checkbox"/> 3.5 Information Intake	<input type="checkbox"/> 3.6 Extent of Perception	<input type="checkbox"/> 3.7 Impeded Handling of Work Equipment	<input type="checkbox"/> 3.8 Standing Workplaces	<input type="checkbox"/> 3.9 Workstations	
<b>4</b>		<input type="checkbox"/> 4.1 Unprotected Moving Parts of Machinery	<input type="checkbox"/> 4.2 Parts with Hazardous Surfaces	<input type="checkbox"/> 4.3 Means of Transport	<input type="checkbox"/> 4.4 Parts Moving Uncontrolled						
<b>5</b>		<input type="checkbox"/> 5.1 Principles	<input type="checkbox"/> 5.2 Hazardous Body Currents	<input type="checkbox"/> 5.3 Electric Arcs	<input type="checkbox"/> 5.4 Electromagnetic Fields						
<b>6</b>		<input type="checkbox"/> 6.1 Harmful Effects of Gases, Vapours, Aerosols, Dusts, Liquid and Solid Substances	<input type="checkbox"/> 6.2 Skin Exposure	<input type="checkbox"/> 6.3 Other Effects and hazardous Interactions due to Substance Mix-Ups							
<b>7</b>		<input type="checkbox"/> 7.1 Fire Hazards related to Solids, Liquids and Gases	<input type="checkbox"/> 7.2 Hazards due to Explosive Mixtures	<input type="checkbox"/> 7.3 Thermal Explosions (Runaway Reactions)	<input type="checkbox"/> 7.4 Physical Explosions and Boiling Delays	<input type="checkbox"/> 7.5 Explosive Substances (Explosives)	<input type="checkbox"/> 7.6 Miscellaneous Explosive Material (e. g. Peroxides)				
<b>8</b>		<input type="checkbox"/> 8.1 Targeted Activities	<input type="checkbox"/> 8.2 Non-Targeted Activities	<input type="checkbox"/> 8.3 Infection Hazards caused by Epidemic/Pandemic							
<b>9</b>		<input type="checkbox"/> 9.1 Noise	<input type="checkbox"/> 9.2 Ultrasound	<input type="checkbox"/> 9.3 Whole-Body Vibrations	<input type="checkbox"/> 9.4 Hand-Transmitted Vibrations	<input type="checkbox"/> 9.5 Non-Ionising (Optical) Radiation	<input type="checkbox"/> 9.6 Ionising Radiation	<input type="checkbox"/> 9.7 Electromagnetic Fields (see Chapter 5)	<input type="checkbox"/> 9.8 Hot or Cold Media – Cold or Hot Workplaces	<input type="checkbox"/> 9.9 Electrostatic Hazards	<input type="checkbox"/> 9.10 Overpressure/ Partial Vacuum
<b>10</b>		<input type="checkbox"/> 10.1 Work Content/ Work Task	<input type="checkbox"/> 10.2 Work Organisation	<input type="checkbox"/> 10.3 Working Hours	<input type="checkbox"/> 10.4 Social Relations	<input type="checkbox"/> 10.5 Work Equipment	<input type="checkbox"/> 10.6 Work Environment				
<b>11</b>		<input type="checkbox"/> 11.1 Travel, Driving and Steering Activities	<input type="checkbox"/> 11.2 Humans	<input type="checkbox"/> 11.3 Animals	<input type="checkbox"/> 11.4 Plants						