

Employee Health and Safety Questionnaire

Employee 1 Name:		Position / Work Area:			
Time employed with Co:	Time in current position:	Date:	Please Tick ✓		
Hazard Management:			Yes	No	n/a
▪ Can you describe to me how hazards are made safe? (controlled)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you have the opportunity to be involved in identifying hazards and controls			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know how to report a hazard			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are you provided with PPE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information / Training & Supervision :					
▪ Are you aware of your duties as an employee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Did you receive an induction when you commenced			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Were you given information about the HSE Act			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Have you been trained in the safe use of plant / equipment / machinery			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ What would do if there was a guard or safety device missing on a machine			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Report / Emergency Procedure:					
▪ Do you know what to do in the event of an accident			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know where the first aid supplies are			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know who the first aiders are			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know the last time an emergency drill was done			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSNO:					
▪ Are you aware of safe procedures for handling chemicals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Have you seen the material data safety sheets for chemicals that you use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Monitoring:					
▪ Have you had your health checked regularly eg:dust (lung function)/noise (hearing test)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ If so, have you received a copy of the results			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Relations:					
▪ Do you have an Employment Agreement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are you paid the minimum wage or above			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee 2 Name:		Position / Work Area:			
Time employed with Co:	Time in current position:	Date:	Please Tick ✓		
Hazard Management:			Yes	No	n/a
▪ Can you describe to me how hazards are made safe? (controlled)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you have the opportunity to be involved in identifying hazards and controls			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know how to report a hazard			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are you provided with PPE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information / Training & Supervision :					
▪ Are you aware of your duties as an employee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Did you receive an induction when you commenced			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Were you given information about the HSE Act			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Have you been trained in the safe use of plant / equipment / machinery			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ What would do if there was a guard or safety device missing on a machine			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Report / Emergency Procedure:					
▪ Do you know what to do in the event of an accident			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know where the first aid supplies are			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know who the first aiders are			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do you know the last time an emergency drill was done			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSNO:					
▪ Are you aware of safe procedures for handling chemicals			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Have you seen the material data safety sheets for chemicals that you use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Monitoring:					
▪ Have you had your health checked regularly eg:dust (lung function)/noise (hearing test)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ If so, have you received a copy of the results			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Relations:					
▪ Do you have an Employment Agreement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are you paid the minimum wage or above			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>