

Work Health and Safety Act 2011 (WHS Act)

Work Health and Safety Regulation (WHS Regulation

# Appendix 10: Worker discomfort survey  .

Provide this survey to workers for individual completion or for working through in a group setting.

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| --- | --- |
| Workplace name  |   |
| Date  |   |
| Which work tasks do you think are a problem i.e. the most likely to cause you or others in your team injury, the ones you hate doing?  |   |   |
| Tasks: |
| Do you suffer from swelling, numbness, tingling, pins and needles, stiffness aches and pains in any parts of your body? (circle) | YES | NO |
| Please mark on the body diagram where you feel discomfort or pain  | ../Risk%20body.png  |
|   | **Rate the discomfort / pain on a scale of 1 to 5** |
|   | 1Slight | 2 | 3Moderate | 4 | 5Unbearable |
| What do you think caused the problem?  |
|   |
| Do you have any improvement ideas that would reduce the risk of injury?  |
|   |