

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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** | | | | |
|  | 1 Slight | 2 | 3 Moderate | 4 | 5 Unbearable |
| What do you think caused the problem? | | | | | |
|  | | | | | |
| Do you have any improvement ideas that would reduce the risk of injury? | | | | | |
|  | | | | | |