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| **Environment: Auditory, Temperature and Visual Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** |
| **Illumination** |
| 1. Is special lighting necessary to perform the job?
 | Select YES or NO. |
| 1. Is the general work area including egress/ingress poorly lit?
 | Select YES or NO. |
| 1. Is lighting inadequate for the job tasks?
 | Select YES or NO. |
| 1. Are controls, instruments and equipment poorly lit?
 | Select YES or NO. |
| 1. Is the illumination not satisfactory for task?
 | Select YES or NO. |
| 1. Is contrast poor between workspace and surroundings?
 | Select YES or NO. |
| 1. Is workplace so poorly lit that there are great differences between brightness levels in panels, dials and surroundings?
 | Select YES or NO. |
| 1. Is glare present in workplace? *(What is source of the glare?)*
 | Select YES or NO. |
| 1. Is glare from displays a problem?
 | Select YES or NO. |
| **Auditory** |
| 1. Does the noise exposure require a hearing conversation program?
 | Select YES or NO. |
| 1. Does noise level prevent or impair verbal communication?
 | Select YES or NO. |
| 1. Are there auditory signals?
 | Select YES or NO. |
| 1. Are some auditory signals hard to hear in general?
 | Select YES or NO. |
| **Air *(Temperature, Quality, Flow, Humidity)*** |
| 1. Is the air temperature too cold?
 | Select YES or NO. |
| 1. Is the air temperature too hot?
 | Select YES or NO. |
| 1. Is it too humid in workplace?
 | Select YES or NO. |
| 1. Are radiant heat sources placed near any workstations?
 | Select YES or NO. |
| 1. Are there rapid changes in temperature in work environment?
 | Select YES or NO. |
| 1. Is there so much air contaminant in the process that it settles on displays, making them difficult to see?
 | Select YES or NO. |
| 1. Are suspended dust, mists and other particulates present in the air?
 | Select YES or NO. |
| 1. Is air circulation too low?
 | Select YES or NO. |
| 1. Is there too much air movement?
 | Select YES or NO. |
| 1. Are workers exposed to rapid environmental changes?
 | Select YES or NO. |
| 1. Is the humidity frequently uncomfortable enough to interfere with the job?
 | Select YES or NO. |
| 1. Are there wet locations that may produce shock hazards for work with electrically powered equipment?
 | Select YES or NO. |