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

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |

|  |  |
| --- | --- |
| **“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. |