

Workplace Health Risk Assessment Survey Form Sample

A **workplace health risk assessment survey form** sample helps identify potential hazards and evaluate employee health risks. This tool is essential for creating a safer work environment and ensuring compliance with health regulations. Using a standardized form improves accuracy and efficiency in risk management processes.

Employee Information

Name:

Department:

Position:

Date of Assessment:

Health Risk Assessment

1. Are you exposed to any of the following hazards at work?

- Chemical
- Physical
- Biological
- Ergonomic
- Psychosocial

2. Do you experience any work-related symptoms? (e.g., headaches, fatigue, stress)

Yes No

If yes, please specify:

3. Are Personal Protective Equipment (PPE) provided and used properly?

Select

4. Are there clear safety instructions and training available?

Select

Additional Comments or Concerns: