

VIBRATION SURVEY

Job title: _____

When did you start on this job? (how long ago?) _____

What type of vibrating equipment do you use and how long each day do you use it?

Equipment: _____

Hours: 12 8 4 2 Less than 1 hour

Have you been adequately trained to perform the work task? Yes No

JOB RELATED HEALTH

If you are exposed to mainly **whole-body vibration** (near machines, concrete vibrators, buses, trucks, tractors, etc.) do you or have you suffered from any of the following:

N = Never S = Sometimes F = Frequently/Regularly

<input type="checkbox"/> Backpain	<input type="checkbox"/> Sleeplessness
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Irritability
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Giddiness
<input type="checkbox"/> Piles	<input type="checkbox"/> Blurred eyesight
<input type="checkbox"/> Groin trouble	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Indigestion	<input type="checkbox"/> Impotence
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Aching muscles

Have any of the above caused you to lose time from work?

Yes No

If you are exposed mainly to **hand-arm vibration** (from pneumatic tools, chain saws, grinders, etc.) do you or have you suffered from:

N = Never S = Sometimes F = Frequently/Regularly

<input type="checkbox"/> Tingling in fingers or hands	<input type="checkbox"/> Numbness of fingers or hands
<input type="checkbox"/> Whiteness of fingers	<input type="checkbox"/> Whiteness of several fingers or hands
	<input type="checkbox"/> in winter only
	<input type="checkbox"/> at any season
<input type="checkbox"/> Cramp or pain in arms or shoulders	
<input type="checkbox"/> Drooping write	<input type="checkbox"/> Numbness of arms

Did you suffer from any of these complaints **before** you started your present task?

Yes No

What improvements need to be made to equipment/work tasks? (Use the back for more space)
