



## Yearly HAV Screening Questionnaire

### YEARLY SCREENING QUESTIONNAIRE FOR WORKERS USING HAND-HELD VIBRATING TOOLS, HAND-GUIDED VIBRATING MACHINES AND HAND-FED VIBRATING MACHINES

(Please complete the questionnaire and return to your Cleschar Manager or Health & Safety Advisor)

#### 1. Personal Details

Employee Full Name:			
Occupation:		NI Number/ Employee Number	
Contact Telephone Number		Male/Female:	

2. Do you use hand-held vibrating tools, machines, or hand-fed processes in your current and or previous jobs?

Yes/No

- a. If you do not use vibrating equipment, complete Questions 13 to 16
- b. If YES; Please answer all questions:

3. Do you use vibrating equipment?

Every shift	<input type="checkbox"/>
2-3 Days a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Less often	<input type="checkbox"/>

List all the vibrating equipment that you use on regular basis	
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4. Do you have any tingling or numbness of the fingers lasting more than 20 minutes after using vibrating equipment?

Yes/No

5. Do you have any tingling or numbness of the fingers any other time?

Yes/No

6. Do you wake at night with pain, tingling or numbness in your hand or wrist?

Yes/No

7. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?

Yes/No

8. Have your fingers gone white\* on cold exposure?

Yes/No

\*Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush.

a. If yes, do you have difficulty re-warming them when leaving the cold?

Yes/No

9. Do your fingers go white at any other time?

Yes/No

10. Are you experiencing any other problems with the muscles or joints of the hands or arms?

Yes/No

11. Do you have difficulty picking up small objects e.g. screws, buttons or opening tight jars?

Yes/No

12. Do you smoke?

Yes/No

13. Has anything changed about your health since the last Medical Questionnaire?

Yes/No

If YES or if you don't remember, please give details of medical conditions: .....

14. Are you on any long-term medication?

Yes/No

If YES, please give details:.....

15. Do you use vibrating equipment when working for other employers?

Yes/No

16. Declaration: I certify that all the answers given above are true to the best of my knowledge and belief.

Signed:.....Date:.....

For office purposes only:

Reviewed by:	Position:
Is further action necessary: Yes/No	
Recommended Action:	