

GB08 Annual hand-arm vibration questionnaire

Health surveillance questionnaire for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

Company name		Project title	
Location		Contract no.	
Date			
Employee name			
Occupation			
Address			
Date of birth			
National insurance number			
Date of previous screening			
Employer name			
Have you been using hand-held vibrating tools, machines or hand-fed processes in your job, or if this is a review, since your last assessment? (detail work history overleaf)	Yes	<input type="checkbox"/>	No
If 'No' or more than two years since last exposure, please return the form – there is no need to answer any further questions			
If 'Yes'			
1. Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	Yes	<input type="checkbox"/>	No
2. Do you have numbness or tingling of the fingers at any other time?	Yes	<input type="checkbox"/>	No
3. Do you wake at night with pain, tingling or numbness in your hand or wrist?	Yes	<input type="checkbox"/>	No
4. Have any of your fingers gone white* on cold exposure?	Yes	<input type="checkbox"/>	No
5. Have you noticed any change in your response to your tolerance of working outdoors in the cold?	Yes	<input type="checkbox"/>	No
6. Are you experiencing any other problems in your hands or arms?	Yes	<input type="checkbox"/>	No
7. Do you have difficulty in picking up small objects (for example, screws or buttons) or opening tight jars?	Yes	<input type="checkbox"/>	No
8. Has anything changed about your health since the last assessment?	Yes	<input type="checkbox"/>	No
<small>* Whiteness means a clear discolouration of the fingers with a sharp edge, usually followed by a red flush</small>			
Occupational history			
Date	Job title		
I certify that all the answers given above are true to the best of my knowledge and belief.			
Name		Position	
Signature		Date	
Return to (prepopulate (below) the name of a responsible person identified within the company to handle questionnaires and any referrals)			

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