

## Investigating the work environment – Questionnaire G2

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<p>Dear respondent,</p> <p>Problems in indoor workplaces can be caused by various factors, including the building itself, the furniture and furnishings in it and its technical systems. This questionnaire is intended to help identify the causes of health complaints. We would therefore ask you to answer in as much detail as possible.</p>																				
<b>Place of employment (Name, address):</b>																				
<b>Unit/department:</b>																				
<b>Workplace:</b>																				
<b>Questionnaire completed by:</b>		<b>Completed on:</b>																		
<b>1</b>	<b>General building date</b>																			
	When was the building built?																			
<b>2</b>	<b>Size of building</b>																			
2.1	How many employees work in the building?																			
2.2	How many storeys does the building have?																			
2.3	Are there any building plans or construction documentation? (it might be necessary to contact the relevant planning authority)																			
	<input type="checkbox"/> No <input type="checkbox"/> Yes (if possible, please enclose)																			
<b>3</b>	<b>General purpose for which building is used</b>																			
	<table border="1"><thead><tr><th>Storey/floor</th><th>Type of use</th><th>Notes</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Storey/floor	Type of use	Notes															
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**4 Location of building**

4.1 Where is the building located?

- in the city/town center
- in an industrial/a commercial area
- in a mixed-use area
- in a residential area
- on a busy road/next to a motorway/railway line
- elsewhere, please specify

If possible, please enclose a map or sketch of the surroundings.

4.2 Is there any industrial plant in the immediate vicinity of the building?

- No       Yes (please specify)

4.3 Are there any vent stacks/external pollutant sources known to be located in the area surrounding the building?

- No       Yes (please specify)

4.4 Are there any high-noise enterprises in the immediate vicinity of the building?

- No       Yes (please specify)

**5 Work areas or building sections in which employees have developed health complaints**

5.1 What are the work areas/building sections used for?

Work area/ building section	Size of rooms	Type of use (e.g. display screen workstation)	Notes

5.2 Were the work areas/neighbouring building sections previously used for a different purpose?

- No       Yes

Please indicate the nature and duration of the past use in the following table.

Work area/ building section	Type of use	Duration	Notes

5.3 Have any external-source odours been detected in the work area?

- No       Yes (please specify)

5.4 Have any external-source noises or vibrations been detected in the work area?

- No       Yes (please specify)

5.5 Is there any unwanted exposure to sunlight?

- No       Yes

Time of day:

Duration:

Notes (e.g. glare, heat sensation):

**6 Building ventilation**

6.1 Are the rooms ventilated naturally (via windows)?

- No       Yes

Notes:

6.2 Can the windows each be opened separately?

- No       Yes

Notes:

6.3 Do the rooms have ventilation systems?

- No       Only for supply and extract air  
 Yes, an air conditioning system  
 With humidification

Notes:

6.4 If there is a ventilation/air conditioning system, is it regularly inspected?

- No       Yes, by  
 Documentation available

## 7 Temperature control in the building

7.1 How are the rooms/work areas heated?

- Heating appliances in the rooms (radiators, convectors)  
 Underfloor heating  
 Ceiling or wall heating  
 Ventilation/air conditioning system  
 Other (please specify)

7.2 How is the thermal environment (air temperature/humidity) controlled?

- No control  
 Individual control  
 Central control  
 Other control (please specify)  
 Air temperature control in:     Summer     Winter  
 Humidity control

Notes (e.g. control range too small, control sluggish):

7.3 Are the rooms or building sections cooled?

- No       Yes, by  
 Supply air cooling system/air conditioning system  
 Cooling ceiling system  
 Concrete core cooling system  
 Other (please specify)

## 8 Technical equipment in the work area

8.1 What type of lighting is used in the work area?

- Daylight  
 Permanent artificial lighting all hours of the day, all year around  
 Artificial lighting is only switched on when needed  
 Other (please specify)

8.2 Are there any appliances, machines or other devices (e.g. printers or copiers) in the work area that give off unwanted emissions?

- No       Yes (please specify number and type)

8.3 Is this equipment serviced and inspected regularly?

- No       Yes, by  
 Documentation available

**9 Changes to the building**

9.1 Has any redecoration/reconstruction, extension or conversion taken place?

 No  Yes

Please indicate the nature and scope of the changes in the following table.

Duration	Nature and scope of the changes to the building (e.g. painting, new flooring, extra windows, thermal insulation, seals, asbestos clean-up measures)

9.2 Are specific products used or have they been used in the room?

 No  Yes Cleaning agents Disinfectans Air fresheners Insecticides, fungicides, pest control products Other (please specify)