| Ergonomics | Ok | Problem | Irrelevant |
|---|----|---------|------------|
| Is the driver's cabin ergonomically designed? | | | |
| Do any employees suffer from sore arms, neck, shoulders, back and knees? | | | |
| Can it be necessary to perform manual lifts? | | | |
| Do you have the necessary facilities at your disposal? | | | |
| Planters | Ok | Problem | Irrelevant |
| Are the employees exposed to straining vibrations? | | | |
| Is there a need for ear protection? | | | |
| Allergy/asthma | Ok | Problem | Irrelevant |
| Do you have any allergic responses? | | | |
| Do you have any asthma symptoms? | | | |
| Dust | Ok | Problem | Irrelevant |
| Is your work dusty? | | | |
| Substances and mixtures | Ok | Problem | Irrelevant |
| Have the employees received thorough instructions? | | | |
| Are substances and mixtures stored correctly? | | | |
| Have hazardous substances and mixtures been replaced by less dangerous? | | | |
| Are there any workplace instructions on the used substances and mixtures? | | | |
| Is th necessary personal protective equipment available? | | | |
| Is there any risk of absorption of harmful substances by inhalation? | | | |
| Is there any risk of absorption of harmful substances by skin contact? | | | |
| Various | Ok | Problem | Irrelevant |
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