Guia de Abordagem para o levantamento dos Riscos

**Para que serve esse questionário:**

1. O objetivo deste questionário é de reunir as informações necessárias para estabelecer o diagnóstico da situação de segurança, e, saúde dos trabalhadores na empresa;
2. Possibilitar durante a sua elaboração, a troca e divulgação das informações entre os empregados, bem como, estimular sua participação nas atividades de prevenção.
3. Dialogar com os colaboradores do setor, de modo a obter o máximo possível de informações sobre sua atividade.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nº do Mapa** |  |  |  | |  |  | |  | |  |
|  |  | |  |  | |  | |  |
| **Empresa** | |  | | | | | | | | |
| **Data do levantamento** | |  | | | | | | | | |
| **Setor** | |  | | | | | | | | |
| **Nome (Empregado questionado)** | |  | | | | | | | | |
| **Cargo:** | |  | | | | | | | | |
| **Intervalo para descanso:** | | Almoço: | | | | | | | | |
| Lanche da tarde: | | | | | | | | |
| Por necessidade de ocupação: | | | | | | | | |
| **Teve treinamento para a função quando foi contratado (Integração):** | | Sim ( ) | | | | | Não ( ) | | | |
| **Existe algum programa de segurança e saúde do trabalho na empresa:** | | Sim ( ) | | | | | Não ( ) | | | |
| **Condições Sanitárias e de Conforto** | | **Refeitório** | | Bom ( ) | | | Regular ( ) | | Ruim ( ) | |
| **Sanitários** | | Bom ( ) | | | Regular ( ) | | Ruim ( ) | |
| **Vestiários** | | Bom ( ) | | | Regular ( ) | | Ruim ( ) | |
| **Armários** | | Bom ( ) | | | Regular ( ) | | Ruim ( ) | |
| **Bebedouros** | | Bom ( ) | | | Regular ( ) | | Ruim ( ) | |

**Processo de trabalho**

*Nota: Enumerar as principais fases do processo, descrevendo ou representando graficamente (fluxograma) aqueles de maior risco, que serão objeto de maior atenção.*

**QUESTIONÁRIO PARA SER FEITO AO COLOBORADOR**

*Questionário auxiliar para elaboração do Mapa de Riscos*

1 – Houve Acidente de Trabalho?

*Nota: Indagar se houve acidentes no local inspecionado, de que tipo e com que frequência. Relacionar os acidentes com os riscos encontrados e as medidas de proteção utilizadas.*

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2 – Existe Serviço Médico na Empresa?

*Nota: Indagar se são feitos exames admissionais, periódicos e demissionais específicos.*

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3- Houve Casos de Doenças Profissional ou do Trabalho?

*Nota: Anotar se o trabalhador apresenta queixas, como dor de cabeça frequente, tosse, insônia, dificuldade respiratória, dor lombar, cólicas abdominais etc., ou outras que sejam comuns a mais de um trabalhador do mesmo setor.*

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**GRUPO 1 – RISCOS QUÍMICOS**

1 - Existem produtos químicos no setor? Quais?

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2 - Caso exista, onde eles estão armazenados?

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3 – Existe FISPQ – Ficha de Informações de Segurança de Produtos Químicos para esses produtos?

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4 - Existem emanações de gases, vapores, névoas, fumos, neblinas e outros? De onde são provenientes?

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5 – Como e onde são manipulados os produtos químicos?

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6 - Existem riscos de respingos no setor? Por quê?

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7 - Existe risco de contaminações desses produtos químicos? Através de quê?

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8 - Usam óleos/graxas e lubrificantes em geral?

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9 -Existem chuveiros de emergência e lava olhos na seção?

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10 - Usam solventes? Se usam, Quais?

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11 - Existem equipamentos de proteção coletiva - EPC no setor? Quais e onde ficam?

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12 - Estes EPCs são eficientes? Caso não forem eficientes, indicar as causas.

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13 - Quais são os Equipamentos de Proteção Individual - EPIs que os colaboradores utilizam no setor?

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14 - Sobre os processos produtivo de fabricação existem outros riscos a considerar?

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15 - Observações complementares e Recomendações:

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**GRUPO 2 – RISCOS FÍSICOS**

1 - Existe ruído constante na seção?

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2 - Existe ruído intermitente no setor? Se sim, aponte os equipamentos que emitem o ruído.

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3 - Os colaboradores utilizam protetor auricular?

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4 - Existem temperaturas extremas no setor como por exemplo calor ou frio excessivo?

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5 - A iluminação é adequada e suficiente? Indique os pontos deficientes?

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6 - Existe radiação no setor? Aponte onde?

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7 - Existem trabalho com vibrações no setor? Onde?

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8 – Existem trabalho em umidade no setor?

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9 – Quais os Equipamentos de Proteção Coletiva utilizados pelos colaboradores no setor?

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10 - Existem Equipamentos de Proteção Coletiva na seção? Eles são eficientes? Se hão, indique as causas:

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11 - Observações complementares e Recomendações:

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**GRUPO 3 – RISCOS BIOLOGICOS**

1 - Existe problema de contaminação por vírus, bactérias, protozoários, fungos e bacilos no setor?

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2 - Existe problema de parasitas no setor?

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3 - Existe problema de proliferação de insetos no setor? Se sim, Onde?

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4 - Existe problema de aparecimento de ratos? Onde?

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5 - Existe problema de mau acondicionamento de lixo orgânico?

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6 - Observações complementares: Recomendações:

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**GRUPO 4 – RISCOS ERGONOMICOS**

1 - O trabalho exige esforço físico pesado?

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2 - Indique as funções e o local relativos a esforços físicos.

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3 – O trabalho é exercido em postura incorrera?

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4 - Indique as causas da postura incorreta. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5 - O trabalho é exercido em posição incômoda? Se sim, indique a função, o local e equipamentos ou objetos relativos à posição incomoda.

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6 - O ritmo de trabalho é excessivo? Em que funções?

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7 - O trabalho é monótono? Em que funções?

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8 - Há problema de adaptação com EPIs? Quais?

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9 - Há excesso de responsabilidade ou acúmulo de função? Sim ( ) Não ( ) Se sim quais?

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10 - Observações complementares: Recomendações:

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**GRUPO 5 – DE ACIDENTES OU MECÃNICOS**

1 - Com relação ao arranjo físico, os corredores e passagens estão desimpedidos e sem obstáculos?

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2 - Indique os pontos onde aparecem estes problemas.

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3 - Os materiais ao lado das passagens estão armazenados de forma correta?

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4 - Os produtos químicos estão armazenados de forma correta, onde eles estão sendo armazenados?

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5 - Os serviços de limpeza são organizados no setor?

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6 - O piso oferece segurança aos trabalhadores?

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7 - Com relação a ferramentas manuais, estas são usadas em bom estado? Onde?

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8 - As ferramentas utilizadas são adequadas?

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9 - As máquinas e equipamentos estão em bom estado? Se não, indique os problemas e identifique função / local.

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10 - As máquinas estão em local seguro?

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11 – O operador para as máquinas para lubrificá-las? Se não, explique por quê?

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12 - O botão de parada de emergência da máquina é visível e está em local próximo ao operador? Indique as máquinas onde o botão de parada está longe ou não funciona.

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13 - A chave geral das máquinas é de fácil acesso?

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14 - Indique outros problemas de acionamento ou desligamento de equipamentos.

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15 - As máquinas têm proteção (nas engrenagens, corretas, polias, contra estilhaços)? Indique os equipamentos e máquinas que necessitam de proteção.

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16 - Os operadores param as máquinas para limpá-las, ajustá-las ou consertá-las? Se não, explique por quê.

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17 - Os dispositivos de segurança das máquinas atendem às necessidades de segurança? Se não, indique os casos.

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18 - Nas operações que oferecem perigo os operadores usam EPIs?

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19 - Quanto aos riscos com eletricidade, existem máquinas ou equipamentos com fios soltos sem isolamento? Indique onde.

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20 - Os interruptores de emergência estão sinalizados (pintados de vermelho)? Indique onde falta.

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21 - Existem cadeados de segurança nas caixas de chaves elétricas, ao operar com alta tensão? Indique onde falta.

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22 - A iluminação é adequada e suficiente?

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23 - Há instalações elétricas provisórias? Indique onde.

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24 - Indique pontos com sinalização insuficiente ou inexistente.

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25. Quanto aos transportes de materiais, indique o meio de transpor te e aponte os riscos.

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26 - Quanto à edificação, existem riscos aparentes? Onde?

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27 - Observações complementares: Recomendações:

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