

# SafetyCard

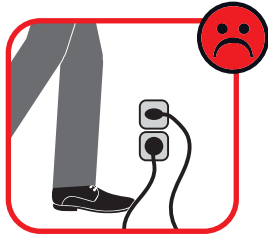
## Tele workstation

Name: \_\_\_\_\_

The employee(s) instructed with this SafetyCard must observe the applicable health and safety regulations at the workplace. For further questions contact the company's health and safety professional.

Signature of instructed employee(s) \_\_\_\_\_

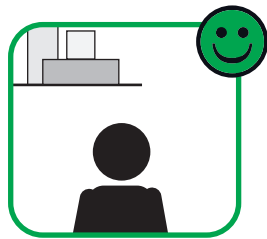
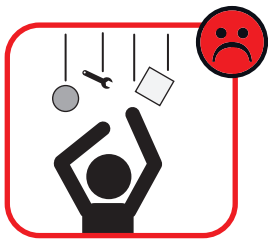
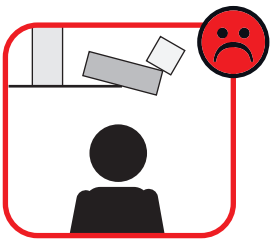
### Workplace organization / Risk of tripping



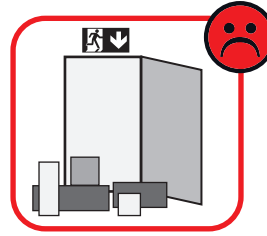
### Risk of falling



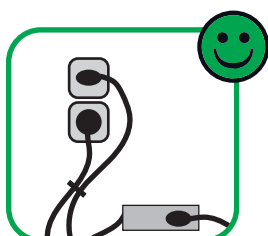
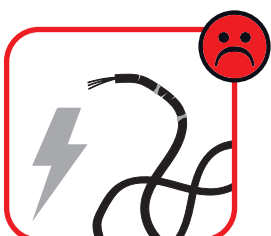
### Risk of falling objects



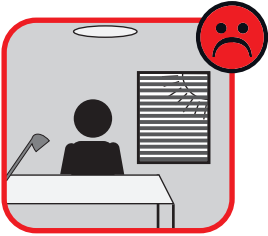
### Fire hazard / Escape routes



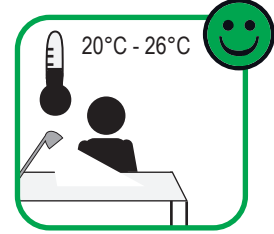
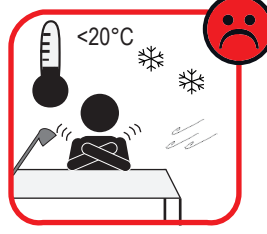
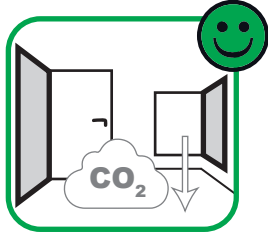
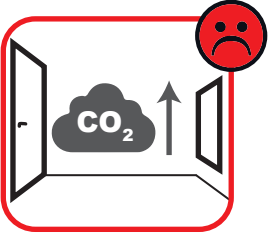
### Electricity



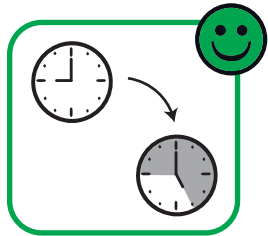
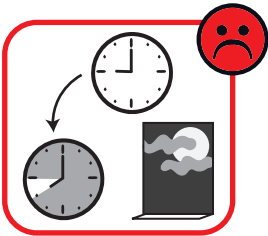
Light conditions



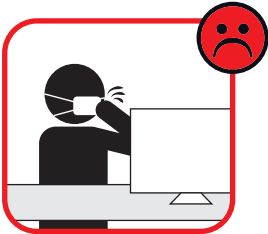
Ventilation / Climate



Overtime/ Break regulation



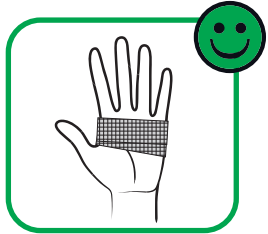
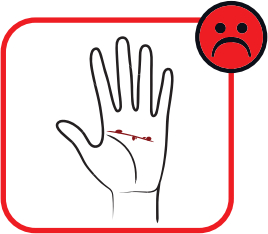
Presenteeism



Psychological hazard



First aid



- 112
- 110
- 116 117 bzw. 112
- 0228 19240

Thanks,  
your health

Because:  
The risk does not  
end at your  
office door!

Contact your occupational safety specialist:

Name:  
Department / Room  
Phone:  
E-Mail:

Fill in or stick on the label