### Display Screen Equipment – Workstation Assessment Form

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| --- | --- | --- | --- |
| USER NAME |  | MANAGER |  |
| OFFICE/DEPT |  | DATE |  |

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| --- | --- | --- | --- | --- |
| TYPE OF WORK | Light use | Inputting | Secretarial | Report writing |
| HOURS PER DAY USE | 0-3 | 3-6 | 6-9 | 9+ |

**A – For completion by workstation user**

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| HOW TO USE THIS FORM: Work through the checklist, ticking either the ‘yes’ or ‘no’ column against each item: ‘yes’ answers = no further action; ‘no’ answers = investigation and may need remedial action. Record suggestions for this in the ‘Action’ column. Workstation assessors should verify actions listed/suggest alternatives/check actions are implemented to resolve the problem. |

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| **CHAIR** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the chair in good condition? |  |  | Chair may need repairing or replacing if you are uncomfortable or adjustment mechanisms are not working properly. |  |
| Is the seat height adjustable? |  |  |
| Does the seat back tilt or adjust for support? |  |  |
| Does the chair swivel? |  |  |
| Does the chair have castors or does it glide suitably? |  |  |
| Is the seat adjusted so that it is comfortable? |  |  | Training to enable correct set up. |
| Does the chair fit under the workstation? |  |  | Chair arms may need removing or obstructions clearing from under the desk. |
| Is the small of your back supported by the chair? |  |  | Adjust seat back height. Support cushions may help. |
| Are your feet flat on the floor without excessive pressure on the back of your legs? |  |  | A foot rest may be needed. |
| Are your forearms horizontal? |  |  | Adjusting chair height. |
| **DESK** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is there sufficient space on the desk for the necessary equipment, papers etc? |  |  | Create more room by moving printers, papers etc. Use of document stands may help.Laptops should be positioned on a solid, flat surface.  |  |
| Is the desk of suitable height? (legs should be able to fit underneath easily and allow for movement) |  |  | Consider lifting desk using feet blocks |
| Is there adequate space under the desk |  |  | Clear any obstructions from under desk. |
| Is the desk surface low reflective? |  |  | Consider use of mats or blotters to reduce glare |

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| **DISPLAY SCREEN** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the screen set at the right height? (top of screen should be level with eyes) |  |  | Adjust screen height/angle or place on stand.Laptop users may need a stand and separate keyboard. |  |
| Is the screen image stable and flicker free? |  |  | Try using different screen colours. Check screen is working properly. |
| Are the brightness/contrast adjustable? |  |  | Not essential but should be able to read screen. |
| Is the screen free from glare or reflection? |  |  | May need to move the screen/desk and/or shield the screen source of glare. |
| Does the screen swivel and tilt? |  |  | This may not be built in but if a comfortable position cannot be adopted then this can be added if needed.  |
| Are characters well defined and clear? |  |  | Make sure screen is clean and cleaning materials are available. Check text and background colours/character size. |
| **KEYBOARD** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the keyboard separate from the screen? |  |  | This is a requirement and should be supplied unless impractical to do so (eg. portable use)If using a laptop then a separate keyboard may be required if using over 3 hours/day |  |
| Can the keyboard be tilted? |  |  | Not essential but should be readable and comfortable to use. |
| Are the characters on the keyboard clean and legible? |  |  | Should be kept clean. Keyboard may need modifying or replacing. |
| Is there enough rest space for your hands? (around 5-10cm) |  |  | Try pushing display screen further back to create more room. |
| Is the keyboard correctly aligned with screen? |  |  | Straighten in line with display screen |
| Is use of the keyboard comfortable? |  |  | A wrist rest may be needed.Training may help to improve comfort. |
| **ENVIRONMENT** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the general lighting adequate? |  |  | You should be able to control light levels eg. by adjusting blinds/light switches. Shading/ repositioning of light sources or providing local lighting. |  |
| Is the work area temperature monitored? |  |  | Check suitable ventilation. Review heat sources/ draughts. |
| Are all wires and cables safely routed? |  |  | Cable routers, shorter cables, cable tidies may help. |

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| Is there an adequate level of humidity? |  |  | Circulate fresh air where possible. Plants may help. |  |
| **MOUSE** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the mouse suitable for the tasks it is used for? |  |  | Try different devices – seek advice |  |
| Is the mouse positioned close to you? (should not need to reach) |  |  | Move device closer so elbow at right angle when using.  |
| Is there support for your wrist and forearm? |  |  | This can be from the desk, chair or separate device. |
| Does the device work smoothly? |  |  | Cleaning may be required.Mouse mat may help |
| Can you operate the device easily? |  |  | May need to adjust device settings e.g. speed |
| **WORK PRACTICES** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Do you plan daily work patterns? |  |  | Break up display screen work with other activities.Change eye focal length occasionally by looking out of window/or at distance further away. |  |
| Do patterns allow screen breaks (5-10 minutes/hour)? |  |  |
| Do you take regular screen breaks? |  |  |
| Is the workstation shared? If so do you adjust this? |  |  | Allow 5-10 minutes at start to adjust workstation |
| Is the software suitable for the task/easy to use? |  |  | Training in use of software.  |
| **TRAINING** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Have you been made aware of the guidance for setting up of your workstation? |  |  | Training for correct setup and use of workstation. |  |
| **VISION** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Have you had a suitable eye test in the last 2 years? |  |  | Arranging for an eye test |  |
| Have you been prescribed lenses for DSE and are these being worn? |  |  | Arranging for a further eye test |
| Are you currently free from headaches/fatigue or any other eye problems? |  |  | Arranging for an eye test to check or visiting your GP. |
| **HEALTH** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Are you free from any pain/numbness or tingling in the following areas: |  |  |
| * Wrists
 |  |  |
| * Arms
 |  |  |
| * Shoulders
 |  |  |
| * Neck & back
 |  |  |

Any other problems noted below should be included on this or any future assessments and should be entered into the action table on the following page.

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| --- | --- |
| ADDITIONAL CONCERNS | ACTION REQUIRED |
|  |  |

**B – To be completed by Line Manager/Supervisor**

**ACTION AGREED**

Agree any actions required with the individual and keep a record of these in the table below, together with an indication of a priority and timescale.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Points** | **By** | **Priority** | **Time scale** | **Completed** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

**NOTES**

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**C – To be completed by Manager/Supervisor and User**

**REVIEW**

* If any actions are required, this assessment must be repeated in 6 months; if no action is necessary repeat in 12 months.
* If any change is made to the workstation, user’s circumstances/health change, or the screen is replaced, another assessment may be necessary.

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| --- | --- | --- | --- |
| ASSESSORS SIGNATURE |  | DATE |  |
| USER’S SIGNATURE |  | DATE |  |
| LINE MANAGER SIGNATURE |  | DATE |  |