Health and safety legislation requires that general risk assessments are undertaken for the activities you perform whilst at work. In addition to this, the Health and Safety (Display Screen Equipment) Regulations requires that more specific and detailed risk assessments are undertaken, in relation to display screen equipment (DSE), in certain instances. In order to determine if a more detailed assessment is required in your case, and to assist in ensuring your health, safety and welfare when using DSE you are requested to complete the questionnaire below.

Please tick yes, no, or not appropriate, to each question and add any additional information or comments in the space provided. It is important to record any pain or discomfort you may be experiencing. Should you require further information, please discuss this with your line manager, area H&S Coordinator or contact the Health and Safety Officer

Completed questionnaires should be returned to the Health and Safety Officer. Thank you for your time.

**PLEASE ENSURE YOU COMPLETE AN ASSESSMENT FOR EACH WORKSTATION/COMPUTER YOU USE WHILST AT WORK.**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |  | **CONTACT NO.:** |  |
| **POST TITLE:** |  | **LOCATION / ADDRESS/ ROOM NO:** |  |
| **SERVICE:** |  |
| **LINE MANAGER:** |  |
| **DATE:** |  | **SIGNATURE:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **ABOUT THE JOB** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 1.1 | Do you depend on DSE to do your job? |  |  |  |  |
| 1.2 | Do you have any discretion as to the use or non-use of the DSE? |  |  |  |  |
| 1.3 | Does the job require you to use the DSE more or less continuously on most days? |  |  |  |  |
| 1.4 | If no, how long do you normally spend using the DSE each day / week? (excluding rest breaks) | Hrs/Mins per day | Hrs/Mins per week |
| 1.5 | Do you need significant training and / or particular skills in the use of DSE to do the job? |  |  |  |  |
| 1.6 | Do you need high levels of attention/concentration when using the DSE because of its performance demands, e.g. where the consequences of error may be critical? |  |  |  |  |
| 1.7 | Does the job require you to be seated whilst working? |  |  |  |  |
| **2** | **THE SOFTWARE** |  |  |  |  |
| 2.1 | Is the software suitable for the tasks? |  |  |  |  |
| 2.2 | Is the software easy to use? |  |  |  |  |
| 2.3 | Is information displayed in a suitable format and speed? |  |  |  |  |
| **3** | **DESK / WORK SURFACE** |  |  |  |  |
| 3.1 | Is there adequate space at your workstation for you to find a comfortable working position? |  |  |  |  |
| 3.2 | Do you have enough space to change position and vary your movements? |  |  |  |  |
| 3.3 | Is the workstation large enough to accommodate you, the work undertaken and the equipment required? |  |  |  |  |
| 3.4 | Is there space in front of the keyboard to provide support for your hands and arms, whilst keying? |  |  |  |  |
| 3.5 | Does the height of the workstation allow you adequate leg clearance? |  |  |  |  |
| 3.6 | Can the height be adjusted? |  |  |  |  |
| 3.7 | Do you have sufficient leg room at the workstation? (Obstacle free)? |  |  |  |  |
| 3.8 | Is the surface of the workstation matt / non-reflective? |  |  |  |  |
| **4** | **CHAIR** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 4.1 | Is a chair provided for use at the workstation? |  |  |  |  |
| 4.2 | If yes, is it in a good state of repair? |  |  |  |  |
| 4.3 | Does your chair allow freedom of movement? |  |  |  |  |
| 4.4 | If your chair has arms, do they get in the way? |  |  |  |  |
| 4.5 | Is the base of the chair stable (possessing 5 castors)? |  |  |  |  |
| 4.6 | Is the seat height adjustable? |  |  |  |  |
| 4.7 | Is there a back support? |  |  |  |  |
| 4.8 | Is the back support adjustable for height and tilt? |  |  |  |  |
| 4.9 | Is there suitable support for the lower back region? |  |  |  |  |
| 4.10 | Is there any pressure on the thighs or backs of the knees? |  |  |  |  |
| 4.11 | Can you place your feet on the floor? |  |  |  |  |
| 4.12 | If you cannot place your feet on the floor, is a footrest available? |  |  |  |  |
| 4.13 | If yes, can the footrest be adjusted for comfort? |  |  |  |  |
| 4.14 | Are you sitting correctly at your station? |  |  |  |  |
| **5** | **DISPLAY SCREEN** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 5.1 | Please state whether your monitor is an LCD/flat screen: |  |
| 5.2 | Does the monitor swivel and tilt easily in all directions? |  |  |  |  |
| 5.3 | Is it at a suitable height and distance for viewing without strain? |  |  |  |  |
| 5.4 | Are characters well defined, of equal size and with adequate spacing? |  |  |  |  |
| 5.5 | Are the images on the screen stable and free from flicker or swim? |  |  |  |  |
| 5.6 | Can the screen brightness and contrast be adjusted for visual comfort? |  |  |  |  |
| 5.7 | Is the screen free of glare and reflection? |  |  |  |  |
| 5.8 | Is the screen clean? |  |  |  |  |
| **6** | **KEYBOARD** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 6.1 | Is the keyboard separate from the screen? |  |  |  |  |
| 6.2 | Can you raise or lower the keyboard height / tilt? |  |  |  |  |
| 6.3 | Are the keys positioned so as to allow comfortable use? |  |  |  |  |
| 6.4 | Are the symbols on the keys legible and clearly defined, as seen from the working position? |  |  |  |  |
| 6.5 | Does it have a matt surface? |  |  |  |  |
| 6.6 | Is there sufficient space to rest your hands comfortably in front of it? |  |  |  |  |
| **7** | **MOUSE (INCLUDING TRACKBALLS)** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 7.1 | Is there sufficient space for easy movement of the mouse? |  |  |  |  |
| 7.2 | Can the mouse be held / operated at a comfortable angle? |  |  |  |  |
| 7.3 | Can the buttons / balls be clicked / moved without undue force? |  |  |  |  |
| 7.4 | Do you use the mouse continually for extended periods of time? |  |  |  | Time used: |
| **8** | **ANCILLARIES** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 8.1 | If it would be of benefit, is a document holder provided? |  |  |  |  |
| 8.2 | If yes, does the document holder adjust to avoid discomfort? |  |  |  |  |
| 8.3 | Is it stable and correctly positioned, to minimise the need for uncomfortable head and eye movements? |  |  |  |  |
| 8.4 | If it would be of benefit, is a wrist rest provided? |  |  |  |  |
| 8.5 | If yes, are your wrists lifted off the writ rest whilst keying? |  |  |  |  |
| **9** | **PRINTER** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 9.1 | Is a printer provided for use with the DSE? |  |  |  |  |
| 9.2 | If yes, does it emit fumes? |  |  |  |  |
| 9.3 | Is it sited in a good reachable position? |  |  |  |  |
| **10** | **SPACE**  |  |  |  |  |
| 10.1 | Is sufficient space available to allow freedom of movement and change of position?  |  |  |  |  |
| 10.2 | Can documents and telephone equipment be handled in comfort and without excessive body movement? |  |  |  |  |
| **11** | **LIGHTING** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 11.1 | Is the lighting adequate at the screen and in the area of the workstation? |  |  |  |  |
| 11.2 | Do you have control over local lighting? |  |  |  |  |
| 11.3 | If no, do you feel you require control over local lighting? |  |  |  |  |
| 11.4 | Is the screen and workstation suitably positioned relative to natural lighting? |  |  |  |  |
| 11.5 | Do reflections and glare arise from natural lighting? |  |  |  |  |
| 11.6 | Are windows fitted with blinds or other protective coverings? |  |  |  |  |
| 11.7 | Is screen and workstation suitably positioned relative to artificial lighting? |  |  |  |  |
| 11.8 | Do reflections and glare arise from artificial lighting? |  |  |  |  |
| 11.9 | If provided, is fluorescent lighting diffused? |  |  |  |  |
| 11.10 | Does the screen attract reflections from décor or other equipment? |  |  |  |  |
| **12** | **NOISE** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 12.1 | Does noise from adjacent workstations and / or other equipment cause distraction? |  |  |  |  |
| **13** | **THERMAL COMFORT** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 13.1 | Is the workplace temperature comfortable? |  |  |  |  |
| 13.2 | Are humidity levels adequate and comfortable? |  |  |  |  |
| 13.3 | Is the workplace ventilated adequately? |  |  |  |  |
| 13.4 | Does heat from adjacent workstations and / or other equipment cause any discomfort? |  |  |  |  |
|  |
| **14** | **GENERAL SAFETY** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 14.1 | Are floors and passageways in good condition and free from obstruction? |  |  |  |  |
| 14.2 | Is there clear and safe access / egress around the workstation? |  |  |  |  |
| 14.3 | Are working surfaces adequate in strength and stability? |  |  |  |  |
| 14.4 | Are all plugs, sockets and switches in a good state of repair? |  |  |  |  |
| 14.5 | Are they appropriately located? |  |  |  |  |
| 14.6 | Are any sockets overloaded? |  |  |  |  |
| 14.7 | Is there any exposed wiring? |  |  |  |  |
| 14.8 | Are there any trailing wires? |  |  |  |  |
| **15** | **ABOUT YOU** | **YES** | **NO** | **N/A** | **COMMENTS** |
| 15.1 | Are you using more than one monitor / DSE (at work)? |  |  |  |  |
| 15.2 | Do you use a computer at home? |  |  |  |  |
| 15.3 | Do you normally use DSE for continuous spells of an hour or more at a time? |  |  |  |  |
| 15.4 | If provided, do you use a mouse for continuous spells of more than half an hour at a time? |  |  |  |  |
| 15.5 | Do you have discretion to change your work patterns throughout the day? *e.g. to vary screen and non-screen work.* |  |  |  |  |
| 15.6 | Do you take time away from the DSE during the day in order to rest any muscles that may be tense? |  |  |  |  |
| 15.7 | Have you been trained in how to adjust and utilise furniture and equipment at the workstation? |  |  |  |  |
| 15.8 | Have you been informed of the risks associated with DSE work and how to avoid them*, e.g. position yourself for comfort?*  |  |  |  |  |
| 15.9 | Have you been informed of the need for regular cleaning of screens and equipment? |  |  |  |  |
| 15.10 | Do you experience tired eyes or discomfort after using the equipment for long periods of time? |  |  |  |  |
| 15.11 | Are you aware of the entitlement to an eye and eyesight test, and to basic corrective appliances where applicable? |  |  |  |  |
| 15.12 | Do you suffer from any restricted joint movement, impaired finger movements or grip, or other condition? |  |  |  |  |
| 15.13 | Do you experience any aches, pains or sensory loss (tingling, or pins and needles) in neck, back, shoulder or upper limbs during or after using DSE? |  |  |  |  |
| 15.14 | Please use this space to provide any other information that you think may be relevant. |