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| --- | --- | --- | --- |
| **NAME** |  | **WORK STATION LOCATION** |  |
| **SERVICE** |  | **DATE OF ASSESSMENT** |  |

Under the **Health and Safety (Display Screen Equipment) Regulations 1992**, the Company is required to perform a suitable and sufficient assessment of all workstations used by regular computer users.

Please read each question fully and answer by ticking either the “Yes” or “No” box. These assessments are retained and could form part of an evidence file used in support of any action taken in the future with regard to your health and safety (H&S).

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| ***A. Training and information*** | | |
| Have you been trained in the safe use and set-up of your workstation? |  |  |
| Have you received adequate training in how to use the software? |  |  |
| Do you understand the need to take regular breaks from the activity? |  |  |
| Have you received adequate information on H&S relating to your workstation? |  |  |
| **Comments:** | | |
| ***B. Posture and chair – See picture B*** | | |
| Are forearms horizontal and eyes at roughly the same height as the top of the screen? |  |  |
| Can you place your feet firmly on the floor without too much pressure from the seat on the back of the legs? |  |  |
| Can you easily adjust the height and backrest of your chair? Is the chair adjusted correctly? |  |  |
| Does your chair have a stable base with swivel to stop you twisting whilst working? |  |  |
| If your chair has arms do they get in the way? |  |  |
| **Comments:** | | |
| ***C. Workstation / work surface*** | | |
| Is your workstation correctly set up, taking your needs into account? |  |  |
| Do you have sufficient legroom? |  |  |
| Is your workstation and surrounding area free from obstructions and hazards? |  |  |
| Is the height of your desk suitable? |  |  |
| Does most of your work require reading from hard-copy documents? |  |  |
| If so, do you require a document holder? |  |  |
| **Comments:** | | |
| ***D. Display screen - see picture D*** | | |
| Is the information displayed on your screen clear and easy to read? |  |  |
| Can the brightness and contrast be adjusted easily? |  |  |
| Is the image on the screen stable and free from flicker? |  |  |
| Is your workstation free from reflected glare? |  |  |
| Is the screen at a height which is suitable for you? |  |  |
| Does the monitor tilt and swivel adequately in each direction? |  |  |
| **Comments:** | | |
| ***E. Keyboard*** | | |
| Is the keyboard separate from the screen? |  |  |
| Can the tilt of the keyboard be altered/adjusted? |  |  |
| Is the keyboard in a comfortable keying position? |  |  |
| Does the User have a good keyboard technique? |  |  |
| Are the key symbols easy to read? |  |  |
| Does the keyboard have a matt surface to avoid reflected glare? |  |  |
| **Comments:** | | |
| ***F. Mouse*** | | |
| Is the device suitable for the tasks it is used for? |  |  |
| Is the device positioned close to the User? |  |  |
| Is there support for the device user's wrist and forearm? |  |  |
| Does the device work smoothly at a speed that suits the User? |  |  |
| **Comments:** | | |
| ***G. Lighting*** | | |
| Has your equipment been situated to avoid direct glare? |  |  |
| Does the lighting allow you to work comfortably? |  |  |
| **Comments:** | | |
| ***H. Other Requirements*** | | |
| Do you know who to contact if you experience problems with your workstation? |  |  |
| Are there any other issues you wish to raise about your workstation?  If “yes”, please give further details below: |  |  |
|  | | |
| ***I. Eyesight*** | | |
| Do you require an eyesight test? |  |  |
| When was the last eyesight test carried out? |  | |
| ***J. Equipment*** | | |
| Please detail which equipment you currently use within your role: | | |

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| --- | --- | --- | --- | --- | --- |
| **Staff Name** |  | **Signature** |  | **Date** |  |
| **Manager's Name** |  | **Signature** |  | **Date** |  |

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| --- | --- | --- |
| ACTION PLAN | | |
| **To be completed by Manager** | By Whom | By When (Date) |
| Remedial action required:  1.  2.  3.  4.  5.  6. |  |  |

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| **B. Posture and Chair**    **C. Workstation Surface** | **D. Display Screen** |

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| --- | --- |
| **E. Keyboard** | **F. Mouse** |