WORKSTATION (DISPLAY SCREEN EQUIPMENT) ASSESSMENTS WORKSTATION SELF-ASSESSMENT CHECKLIST

Name:		Dept:			
Do you use a laptop, desktop or both?	Laptop	Desktop			
(Under normal circumstances laptop computers are not suitable for persons determined by this assessment as VDU operators. Such operators should be allocated desk machines).					
On an average, how many hours a day do	you spend at your w	orkstation?			

The completion of this checklist will enable you to carry out a self assessment of your own workstation. Your views are essential in order to enable us to achieve our objective of ensuring your comfort and safety at work. Please place a tick in the box next to the answer that best describes your opinion, for each of the questions listed. Once completed please click the email button at the end of this form to return it.

Environment Action Taken Comments Lighting Describe the lighting at your workstation Too Bright About Right Too Dark Do you get distracting reflections on your screen? Constantly Never Sometimes If answer is sometimes or constantly, are adjustable window coverings provided and in adequate condition? Yes No

			Comments	Action Taken
Temperature 8	•			
At your workstation	n , is it usually :			
Comfortable	Too Warm Too	Cold		
Is the air around ye	our workstation :			
Comfortable	Too Dry			
Noise				
Are you distracte	ed by noise from work equip	oment?		
Never	Occasionally Co	onstantly		
Space				
Describe the amo	ount of space around your v	vorkstation		
Adequate	Inadequate			
Telephone				
Are you using th	e telephone constantly?			
Yes	No			
If yes, should you	ı be using a headset?			
Yes	No			
Furniture				
Chair				
Can you adjust the	ne height of your seat?			
Yes	No			
Can you adjust t	he height and angle of the b	ackrest?		
Yes	No			
Is the chair stabl	e?			
Yes	No			

Comments	Action Taken
	Comments

		Comments	Action Taken
your equipme	rface large enough to allow you to place all of ent where you want it and can you comfortably nent and papers?		
Yes	No		
Is the height	of your desk suitable?		
Yes	Too High Too Low		
Footrest Can you place	re your feet flat on the floor whilst keying?		
Yes	No		
If no has a fo	otrest been supplied?		
Yes	No		
Display	Screen Equipment		
	ly adjust the brightness and the contrast between es on screen and the background?		
Yes	No		
Is the text siz	ze comfortable to read?		
Yes	No		

		Comments	Action Taken
Does the so	creen tilt and swivel freely?		
Yes	No		
Is the scree	en image stable and free from flicker?		
Yes	No		
Is the scree	n at a height that is comfortable for you? No		
Is the scree Yes	ns specifications suitable for it's intended use?		
Are cleanin	ng materials for the screen available? No		
	poard separate from the screen?		
Yes	No		
Can you ra	nise and lower the keyboard height?		
Yes	No		

		Comments	Action Taken
Can you easily	see the symbols on the keys?		
Yes	No		
Is the keyboard	d positioned close to you?		
Yes	No		
Is there enoug	h space to rest your hands and wrists in front d?		
Yes	No		
Can you easily accuracy of po	adjust software settings for speed and sinter?		
Yes	No		
Software Is the software	e suitable for the task?		
Yes	No		
Do you under	stand how to use the software?		
Yes	No		
If no to the ab If so please de	ove, is there a H & S Impact? scribe.		
Training Are you aware	e of how to use and adjust the equipment?		
Yes	No		
	have a problem relating to display screen rou know who to contact?		
Yes	No		
Do you under	stand the arrangements for eyesight tests?		
Yes	No		

	Comments	Action Taken
Do you understand the need to break up display screen work with non-screen related tasks?		
Yes No		
Are you aware of the need for correct posture when using display screen equipment?		
Yes No		
Review		
Having completed the self-assessment, I have the follow	ving comments to ma	ke:
I have completed this assessment truthfully and to the best of my a	abilities.	
Name :	Date	2:
Reviewed by Line Manager / Nominee (Competent Person) :		
Name :	Date	2: