

DISPLAY SCREEN AND WORKPLACE ASSESSMENT FORM

Name of User		Date of Assessment	
Department			
Location			

		YES	NO
1.0	WORKSTATION		
1.1	Is your chair stable and have adjustment for seat height, backrest height and angle?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Can you adjust your keyboard angle?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Can you work with your forearms in a horizontal position?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Do the chair arms get in the way?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Is the screen at the right height for you and is it adjustable?	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Is the screen at the right distance for you?	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Do you have enough legroom at your workstation to allow a range of comfortable work positions to be adopted?	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Can you enter and exit from your workstation area easily?	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Is your work surface large enough to allow you freedom to position the screen, keyboard, other equipment and paperwork?	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Can the screen and keyboard be moved independently?	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Can you rest your forearms on the work surface in front of the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Can you tilt and rotate the screen?	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Is your work surface strong, stable and non-reflective?	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Is your workstation free from tripping hazards (e.g. trailing cables)?	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Is your workstation equipment free from electrical hazards (e.g. frayed leads) and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Is a document holder available if required?	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Can you rest your feet flat on the floor or foot rest?	<input type="checkbox"/>	<input type="checkbox"/>
2.0	VISUAL ENVIRONMENT	YES	NO
2.1	Is the text on your screen easy to read and is the image stable and free from flicker?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is your display screen free from glare and reflections?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Can you adjust both the brightness and the contrast of the screen?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	When you look away from your screen, does the lighting in other parts of the room appear to be adequate?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Is the screen kept clean?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Are the symbols on your keyboard legible?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	If required, are the windows fitted with curtains or blinds?	<input type="checkbox"/>	<input type="checkbox"/>
3.0	WORK ORGANISATION	YES	NO
3.1	Do you break up prolonged DSE work with other tasks or breaks?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Do you find the software easy to use?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Is your work reliant on the use of a computer?	<input type="checkbox"/>	<input type="checkbox"/>

4.0 OTHER FACTORS

YES NO

- 4.1 Have you received and read guidance on the use of VDUs?
- 4.2 Have you received information relating to eye and eyesight tests?
- 4.3 Do you wish to have an eye test?
- 4.4 Do you suffer any discomfort when using your workstation (e.g. headache, eye strain)?
- 4.5 Is it quiet enough to work or hold a normal conversation?
- 4.6 Do you find the temperature and humidity at your workstation acceptable?
- 4.7 Do you use DSE at home for business use?
- 4.8 How many hours per day do you use a computer at work?

5.0 ANY OTHER COMMENTS

6.0 TO BE COMPLETED BY DSE CO-ORDINATOR

Name

Actions	Person Responsible	Target Date	Completed Date
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Signature

Date