

**Display Screen Equipment Assessments Survey
Workstation and User Assessment Record**

Name: _____

Company: _____

Department: _____

Location: _____

Date: _____

1) DISPLAY SCREEN

Yes No

- | | | |
|--|--------------------------|--------------------------|
| a) Is the screen perceived as being flicker free? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are brightness and contrast easily adjustable? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does the screen swivel and tilt independently? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does the screen have an independent base/adjustable holder? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Is the screen free of reflections and glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Are the characters on the screen well defined/easy to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Does the screen get cleaned on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Have you access to cleaning materials? | <input type="checkbox"/> | <input type="checkbox"/> |

2) THE KEYBOARD

- | | | |
|---|--------------------------|--------------------------|
| a) Does the keyboard tilt? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Is there sufficient space available in front of the keyboard to allow the user to rest his/her hands and arms? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are the keyboard symbols easy to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does the layout/location of the keys make the keyboard easy to use and operate? | <input type="checkbox"/> | <input type="checkbox"/> |

d) Does the keyboard have a matt, non-reflective surface?

3) WORK DESK OR SURFACE

Yes **No**

a) Is the work surface or desk large enough for all equipment and does it allow the user room to alter the layout?

b) Can the user position work i.e. papers etc in a comfortable position for head and eyes?

c) Is there adequate space for the user to sit in a comfortable position i.e. is the user refrained from sitting comfortably?

d) Are cables and wires tidy and prevented from trailing?

e) Is the work desk or surface free from glare and reflections?

4) WORK CHAIR

a) Is the chair stable?

b) Is the seat adjustable in height?

c) Is the seat back adjustable in height and tilt?

d) Does the chair allow easy freedom of movement and leave the user to find a comfortable position?

5) ENVIRONMENT

a) Is the workstation large enough to provide sufficient space and to allow the user to change his/her posture?

b) Is the workstation positioned such as to reduce any risk of glare from windows and artificial lighting etc?

c) Are the windows provided with blinds or other coverings which can be adjusted to attenuate daylight?

d) Is the noise emitted by surrounding equipment suitably controlled so as not to disturb normal speech or concentration levels?

e) Does the surrounding equipment work without producing

excess heat?

- f) Is there a constant, adequate level of humidity?
- g) Is the temperature/ventilation comfortable all year round?

6) OPERATOR AND COMPUTER INTERFACE

Yes No

- a) Does the software allow you to do your job easily?
- b) Is the software easy to use?
- c) Can the software be adapted, e.g. are there varying levels of help available, according to your level of experience?
- d) Does the system show you what you are typing or keying?
- e) Can you alter the way information is displayed on the screen?
- f) Are you fully trained in the use of the software?

Hours

- g) How much continuous time is spent at the screen?
e.g. 1, 2, 3, 7, 8 hours etc
- h) Are you able to intersperse your work with other tasks e.g. filing, photocopying, binding documents etc?
- i) Are you able to work without extreme concentration?
- j) Can work be carried out at your own pace?

7) USER COMFORT

- a) Are you free from aches, pains, pins and needles etc in your neck, shoulders, upper arms, wrists, hands or fingers?
- b) Have you rearranged your workstation and/or adjusted the furniture and equipment to suit your own needs?
- c) Does your workstation allow easy joint movement i.e. freedom to move your legs, hands, arms etc without discomfort or annoyance?
- d) Is sufficient adjustment of seat, backrest, keyboard

and screen available for you?

- e) Are you free from fatigue or stress?
- f) Are you free from eye discomfort – headaches, sore eyes, problems with focusing etc?
- g) Is your workstation maintained in clean condition?

8) TRAINING

Are you aware of the symptoms and effects and understand the risks of the following hazards associated with working at display screen equipment:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Musculoskeletal disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Eye strain eyesight disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Glare and incorrect lighting contrast? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Improper seating and chair comfort? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Other possible effects such as Epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Skin disorders? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Radiation? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Effects on pregnant women? | <input type="checkbox"/> | <input type="checkbox"/> |

Are you aware of, and understand, the following measures for the reduction of risk:

- | | | |
|---|--------------------------|--------------------------|
| i) Comfortable posture? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) How to arrange workstation components? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) The importance of changing posture? | <input type="checkbox"/> | <input type="checkbox"/> |
| l) How to adjust seating? | <input type="checkbox"/> | <input type="checkbox"/> |
| m) How to obtain footrests? | <input type="checkbox"/> | <input type="checkbox"/> |
| n) How to avoid glare? | <input type="checkbox"/> | <input type="checkbox"/> |



HSP 4j:

Display Screen Risk Assessment Checklist

Individual And Group/Department Assessment Table

1. Display Screen								2. The Keyboard					3. Work Desk					4. Work Chair			
a	b	c	d	e	f	g	h	a	b	c	d	e	a	b	C	d	e	a	b	c	d

5. Environment							6. Operator and Computer Interface						7. User Comfort										
a	b	c	d	e	f	g	a	b	c	d	e	f	g	h	i	j	a	b	c	d	e	f	g

8. Training																		
a	b	c	d	e	f	g	h	i	j	k	l	M	n	o	p	q	r	s