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| **Display Screen Equipment/Workstation Risk Assessment** |
| **Date of Assessment** |  |
|  **DSE Users name**  |  |
| **Name of DSE Users****Line Manager** |  |
| **Workstation Location (floor, room, home worker)**  |  |
| **Tasks Undertaken** |  |
| **Dominant Hand** | **R () L ( ) Both ( )** |
| **Requires glasses** | **Y ( ) N ( )** |
| **Approximate length of time spent at DSE** | **1 to 2 Hours ( ) 3-5 Hours ( ) >5 Hours ( )** |
| **Other relevant information e.g. discomfort or symptoms or any concerns relating to DSE use raised by the user?** | **Confirmation of Assessment conducted****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHAIR** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **1** | Is the work chair stable i.e. is stable when weight is placed on it? |  |  |  |
| **2** | Does the chair swivel freely from side to side? |  |  |  |
| **3** | Is the seat at an appropriate height? |  |  |  |
| **4** | Does the chair have a minimum of 5 castors? |  |  |  |
| **5** | Does the chair allow freedom of movement (in and out of the workspace easily and turn from side to side while seated) and allow forseating in a comfortable position? |  |  |  |
| **6** | Does the seat provide lower back support? |  |  |  |
| **7** | Is the chair's backrest adjustable in height and tilt? |  |  |  |
| **8** | If arm rests are present, are they adjustable/ removable? |  |  |  |
| **9** | Has the chair been adjusted to ensure while seated:* the back is in an upright or slightly reclined position
* shoulders are relaxed
* small of the back is supported
* there is a 90 degree angle at knees and elbow
* thighs horizontal or positioned slightly downward
* upper arms are vertical and close to the sides of the body while typing?
* forearms horizontal with the desk?
 |  |  |  |
| **10** | Are the feet resting comfortably on the floor? If not, is there a footrest? |  |  |  |
| **11** | Does the arrangement of your work station allow you to sit up straight to use the computer? |  |  |  |
| **12** | Is the User aware of how to adjust the chair?  |  |  |  |
| **SCREEN** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **13** | Number of Screens and how used? |  |
| **14** | Is the screen positioned directly in front of the User? |  |  |  |
| **15** | Is the screen an adequate distance (approximately arm’s length) from the User? |  |  |  |
| **16** | Is the screen adjustable in height andswivel/tilt? |  |  |  |
| **17** | Is the User eye-line in the upper third of the screen? |  |  |  |
| **18** | Are the characters on the screen welldefined, clearly formed and of adequate size and spacing to ensure letters and numerals are clearly distinguishable? |  |  |  |
|  **19** | Do you know how to clean your screen properly? |  |  |  |
|  **20** | Are the images on the screen stable and free from flickering? |  |  |  |
|  **21** | Is the screen clean with brightness andcontrast adjustable? |  |  |  |
| **KEYBOARD AND MOUSE** | **Yes** | **No** | **Adjustments made during assessment – Please Describe** |
| http://firtstest.files.wordpress.com/2010/02/penggunaan-mouse-dan-keyboard-yang-benar2.jpg |
| **22** | Is the keyboard positioned directly in front of the User to avoid twisting while typing? |  |  |  |
| **23** | Are characters clearly defined on thekeyboard? |  |  |  |
| **24** | Is the keyboard tilt able and separate from the screen? |  |  |  |
| **25** | Is there sufficient space on the desk in front of the keyboard to support the forearms and hands to avoid fatigue? |  |  |  |
| **26** | Does the User have good keyboard technique e.g. are the wrists in line with forearms in a neutral position while typing?  |  |  |  |
| **27** | Does the keyboard have a matt surface so as to avoid glare? |  |  |  |
| **28** | Do all the keys work properly? |  |  |  |
| **29** | Is the keyboard comfortable to use? |  |  |  |
| **30** | Is the mouse close to the keyboard when in use so that the User’s forearm is relaxed and the wrist is straight? |  |  |  |
| **31** | Does your mouse work properly? |  |  |  |
| **32** | Is your mouse comfortable to use? |  |  |  |
| **33** | Is a mouse mat required? |  |  |  |
| **DESK** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **34** | Is the work surface sufficiently large to allow for flexible arrangement of the screen, keyboard, documents and related equipment? |  |  |  |
| **35** | Is there enough area in front of the keyboard to support your hands/ wrists? |  |  |  |
| **36** | Does the work surface have a lowreflective surface i.e. matt or semi matt? |  |  |  |
| **37** | Is commonly used equipment such as the phone or mouse arranged within easy reach to prevent overstretching andtwisting? |  |  |  |
| **38** | Is there sufficient unobstructed legroom underneath the work surface? |  |  |  |
| **39** | Is the desk top at the right height for you to work comfortably? |  |  |  |
| **40** | Is the desk free of sharp edges or splinters that dig into you? |  |  |  |
| **41** | Is the desk strong enough for its purpose, and is it free from undesirable movement (sagging, rocking etc.)? |  |  |  |
| **42** | Is there sufficient thigh clearance? |  |  |  |
| **43** | If sit stand desk does the User know how to adjust? |  |  |  |
| **SPACE** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **44** | Is there sufficient space (minimum 4.65m2) to allow for easy access and egress to and from the workstation? |  |  |  |
| **45** | Are cables and equipment placed in such a way to prevent a slip/trip hazard? |  |  |  |
| **46** | Do you have adequate storage space or shelving? |  |  |  |
| **47** | Do you have enough space to change position/vary movement? |  |  |  |
| **48** | Is the office free from damaged electrical sockets or trailing cables that can be tripped over? |  |  |  |
| **LIGHTNING** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **49** | Is the lighting level suitable (general rule 300-500 lux) for the tasks and comfortable for the User? |  |  |  |
| **50** | Is the lighting arranged so that it is not too bright, causing glare? |  |  |  |
| **51** | Is the lighting arranged so it does not cause dark corners or "gloom"? |  |  |  |
| **52** | If you require a personal desk lamp, do you have one? |  |  |  |
| **GLARE AND REFLECTIONS** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **53** | Is the workstation designed to ensure sources of light (e.g. windows, transparent and translucent walls, brightly coloured fixtures) cause no direct glare and/or distracting reflections on the screen? |  |  |  |
| **54** | Are windows fitted with suitable adjustable blinds etc. to reduce light and glare? |  |  |  |
| **NOISE** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **55** | Is the work area free from excessive noise from equipment? |  |  |  |
| **HEAT** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **56** | Is the work area well ventilated? |  |  |  |
| **57** | Is the work area free of draughts? |  |  |  |
| **58** | Is heat produced by equipment at a level that is comfortable for the User? |  |  |  |
| **59** | Is the ambient temperature (for sedentary work in the range of 18 -24°C) comfortablefor the DSE User? |  |  |  |
|  **HUMIDITY** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **60** | Are adequate levels of humidity (minimum of 30 % winter and 40-60% in summer) maintained? |  |  |  |
| **WORK PRACTICES** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **61** | Do you generally take a 5 minute break from keyboard work at least once per hour of unbroken use? |  |  |  |
| **62** | Do you think you have had adequate information, instruction and training to allow you to set your workstation up safely? |  |  |  |
| **63** | If you normally wear spectacles, or have any eye trouble, have you had an eye test within the last 2 years? |  |  |  |
| **USER/COMPUTER INTERFACE** | **Yes** | **No** | **Adjustments made during****assessment – Please Describe** |
| **64** | Is the User familiar with the computer software programmes they are required to use to perform their tasks? |  |  |  |
| **65** | Does the User consider the softwaresuitable to the task undertaken? |  |  |  |
| **66** | Has consideration been given to the use of a document holder? |  |  |  |
| **67** | If present, is the document holder positioned appropriately? |  |  |  |
| **68** | Is work planned to allow for periodic task breaks or changes of routine away fromthe DSE? |  |  |  |
| **69** | Is the User aware of their entitlement to eye and eye sight testing and where appropriate, provision of free correctivelenses? |  |  |  |
| **70** | Does the User have a head set (if they spend periods on the phone while also using the PC)? |  |  |  |
| **OTHER COMMENTS OR PROBLEMS** |  |  |  |
| Please use this box to specify any other issues or concerns not covered in the above questionnaire, or to comment on your answers. |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home worker

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_