

S7 – Display Screen Equipment Assessment H&SDSE01

Please complete this questionnaire and return it to your manager

Name

Department

Date

1. Environment

(Tick as appropriate)

- | | | | | | | |
|--|------------|-----------------------|----------|-----------------------|-------------|-----------------------|
| Is the lighting | Too bright | <input type="radio"/> | Too dark | <input type="radio"/> | Just right | <input type="radio"/> |
| Do you experience any reflection or glare on your monitor? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is your work area | Too hot | <input type="radio"/> | Too cold | <input type="radio"/> | Comfortable | <input type="radio"/> |
| Is the temperature at least 16°C? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is the humidity level adequate? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Are you ever distracted by noise? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Do you have enough space? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is there sufficient space to allow a change in position? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |

2. Workstation

- | | | | | | | |
|--|-----|-----------------------|----|-----------------------|--------------|-----------------------|
| Is the work chair fully adjustable to suit your needs? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is the chair stable? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is it in good repair? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Does the chair have five feet? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Can you rest your feet flat on the floor whilst at your workstation? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Is a footrest available? | Yes | <input type="radio"/> | No | <input type="radio"/> | Not required | <input type="radio"/> |
| Is there adequate space around and beneath the desk for comfort? | Yes | <input type="radio"/> | No | <input type="radio"/> | | |
| Do you have access to a document holder? | Yes | <input type="radio"/> | No | <input type="radio"/> | Not required | <input type="radio"/> |

3. Equipment

- | | | | | |
|---|-----|-----------------------|----|-----------------------|
| Can you adjust the contrast and brightness on the monitor? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Is the image flicker free? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Does the monitor swivel? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Is the screen height comfortable? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Is there enough space in front of the keyboard to adopt correct typing posture? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| Are the characters easily identifiable? | Yes | <input type="radio"/> | No | <input type="radio"/> |



4. Procedural controls

Have you received display screen equipment training?	Yes	<input type="radio"/>	No	<input type="radio"/>
Are you aware of the procedure for obtaining eye and eyesight tests?	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you take a five minute break from your VDU within every hour of continuous use?	Yes	<input type="radio"/>	No	<input type="radio"/>

5. Occupational health

Do you ever suffer any of the following systems whilst using your VDU?

Aches and pains to upper limbs	Yes	<input type="radio"/>	No	<input type="radio"/>
Headaches	Yes	<input type="radio"/>	No	<input type="radio"/>
Focusing difficulties	Yes	<input type="radio"/>	No	<input type="radio"/>

6. Corrective actions

To be completed by responsible manager

Findings	Corrective actions	Target date	Completion date
.....
.....
.....

7. Closure and sign off

To be signed only when all corrective actions have been completed and the user is satisfied with their workstation.

Position	Signature	Date
User/employee
Line supervisor
Responsible manager
Review date

