

**Elliott Nash Limited Specialist Display Screen Equipment (Workstation Assessment)
(SRA 003)**

Employee's Name: Company Name:	Identification Number:
Date:	Risk Assessor:

Disability and / or Specific Needs		Yes	No
Are you a registered Disabled User?			
Have you any Specific Needs?			
Have your needs been assessed?			
If Yes, by whom? (please tick)			
Area HR Dept.	<input type="checkbox"/>	Other	<input type="checkbox"/>
Access to Work Team	<input type="checkbox"/>		
Please list below any necessary provisions / adaptations that have been identified / provided			
		Provided	Required
a)			
b)			
c)			
d)			
e)			

Section	Revision No	Issue Date	Review Date	Approved
SHE 12	1	July 2011	July 2012	Yes/BMP

SECTION ONE: USE OF DISPLAY SCREEN EQUIPMENT (DSE)						
A	What type of work is DSE used for?	E-mail:	Spreadsheets:	Other:		
		Data Entry:	Word Processing	Graphics:		
B	On average how many hours do you use your DSE each day?					
		Yes	No	Comments	N/A	
C	Is this your regular workstation?					
D	Do you use your DSE constantly for spells of one hour or more, without alternating between DSE and non-DSE work e.g. answering the phone, photocopying, filing etc?					
E	Do you require high levels of concentration when using DSE					
F	Is a set keystroke rate required? (If yes, what is it?)					
G	Have you received sufficient training to operate your software from your TIA/Key User?					
H	Have you read and understood DBK Back's DSE Policy?					
I	Is your workstation set up in accordance to your needs? I.e. Is it comfortable and easy to use?					
J	Are you aware of provisions for eyesight tests?					

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Equipment List:

Screen
Lamp
Keyboard
Telephone
Mouse (type)
Fax Machine
CPU/Hard-drive
Dictating Machine
Printer
Wrist Rest
Footrest
Document Holder
Other:

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Workstation Plan

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Display Screen Equipment Workstation Assessment Form

SECTION TWO: Detailed Assessment					
No:	<i>Hazard</i>	Acceptable			
		<i>Yes</i>	<i>No</i>	<i>Comments</i>	<i>N/A</i>
POSTURE and HEALTH					
1	Is the head in an upright position? (Slightly downward but not bent backwards)				
2	Is the head facing forwards? (not turned to either side)				
3	Is your trunk straight and upright with the lower back properly supported?				
4	Are your neck and shoulders relaxed?				
5	Are your upper arms relaxed by the body?				
6	When using the keyboard are the forearms and wrists straight and parallel to the floor?				
7	Do you take proper breaks, including changes of activity, away from DSE work? Recommend 5/10 minutes in every hour				
8	Do you regularly experience any of the following symptoms during or after DSE work?				
	i) Headache				
	ii) Neck ache				
	iii) Backache				
	iv) Pain, discomfort or pins and needles in arms / hands				
	v) Excessive tiredness				
9	Can your eyes focus on the screen without strain or discomfort?				
10	Have you had your eyes tested for DSE work? <i>If tested, please give approximate date</i>				

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WORK CHAIR					
11	Is the chair comfortable and stable?				
12	Do you know how to adjust the seat to the correct height?				
13	When seated at the correct height, do your feet fully reach the floor?				
14	If No to 13, have you been provided with a footrest?				
15	Do you know how to adjust the backrest to the correct height and angle?				
14	Can you move your chair without the arms getting in the way?				

Display Screen Equipment Workstation Assessment Form

SECTION TWO: Detailed Assessment cont...					
No:	Hazard	Acceptable			
		YES	NO	Comments	N/A
	DISPLAY SCREEN EQUIPMENT				
15	Is the screen positioned directly in front of you and at the right height? (<i>top of screen at approximately eyebrow level</i>)				
16	If you use a document holder is it set at the same level and distance as the screen?				
17	Are the characters on the screen clear and legible?				
18	Is the viewing distance acceptable? (should be a min 0.25 max / 1 meter)				
19	Is the image free of flicker and movement?				
20	Can you adjust the brightness and contrast?				

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21	Can you swivel and tilt the screen?				
22	Is the screen clean and free from distracting glare or reflections?				
23	Is the contrast between the screen and background comfortable?				
KEYBOARD					
24	Is the Keyboard directly in front of you?				
25	Are the characters on the keys legible?				
26	Is there enough space to rest your hands in front of the keyboard?				
27	Can the keyboard be tilted?				
MOUSE					
28	Is the mouse positioned within easy reach?				
29	Can you use the mouse properly and comfortably without stretching?				
30	Is there sufficient space on the work surface to support the forearm and wrist?				
WORKSTATION LAYOUT					
31	Is your work surface stable with sufficient space for all the equipment?				
32	Is everything you regularly use within easy reach?				
33	Is there sufficient legroom under the work surface?				
34	Have you enough room to easily change position and vary movement?				
35	Are you able to move freely around the workstation?				
36	Is your workstation area free from obstruction, sharp corners and trailing cables?				

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SECTION TWO: Detailed Assessment cont...					
No:	Hazard	Acceptable			
	LIGHTING	YES	NO	Comments	N/A
37	Does the natural or artificial lighting enable you to view the screen clearly?				
38	Have window blinds been provided where required to prevent glare?				
39	Is the lighting suitable for other office tasks?				
HEATING and VENTILATION					
40	Is the temperature and humidity level within your workplace comfortable?				
41	Is your workspace free from uncomfortable draughts?				
42	Are you able to open a window to access fresh air?				
WORK ENVIRONMENT					
43	Is the general work area comfortable and free from distractions?				
44	Are surrounding background noise levels acceptable?				
SOFTWARE					
45	Is your software suitable for your needs?				
46	Is the software easy to use and adaptable to experience (e.g. shortcuts)?				
47	Can your system provide you with feedback?				
48	Is the information displayed in a format and at a pace which is suitable?				

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To be completed by Assessor:

SECTION THREE: Risk Control Measures and Required Action			
Hazard No:	Remedial Adjustment / Equipment Provided During Assessment	Initials / Date	

Hazard No:	<i>Further Identified Remedial Action Required</i>	<i>Priority H . M . L</i>	<i>Actioned By:- (Sign & Date)</i>

Comments.

Employee's Name:

Signature:

Date:

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