

Elliott Nash Limited DSE/VDU Station Self Assessment Preformed (SHE 12)

Name	
Department	
Date	

The completion of this checklist will enable you to carry out a self-assessment of your own workstation. Your views are essential in order to enable us to achieve our objective of ensuring your comfort and safety at work.

Please tick the answer that best describes your opinion, for each of the questions listed.

The form should be returned via email to the Health and Safety Coordinator as soon as completed.

Birmingham:

Sharon Jones

ENVIRONMENT

1. Lighting

Describe the lighting at your usual workstation

Please tick

About right	
Too bright	
Too dark	

Do you get distracting reflections on your screen?

Please tick

Never	
Sometimes	
Constantly	

What control do you have over local lighting?

Please tick

Full Control	
Some Control	
No Control	

Temperature and Humidity

At your workstation is it usually

Please tick

Comfortable	
Too warm	
Too cold	

Is the air around your workstation?

Please tick

Comfortable	
Too dry	

3. Noise

Are you distracted by noise from work equipment?

Please tick

Never	
Occasionally	
Constantly	

4. Space

Describe the amount of space at your workstation

Please tick

Adequate	
Inadequate	

FURNITURE

5. Chair

Can you adjust the height of the chair?

Please tick

Yes	
No	

Can you adjust the height and angle of the backrest?

Please tick

Yes	
No	

Is the chair stable?

Please tick

Yes	
No	

Does it allow movement?

Please tick

Yes	
Yes	
No	

Is the chair in a good state of repair?

Please tick

Yes	
No	

If your chair has arms, do they get in the way?

Please tick

Yes	
No	

6. Desk

Is the desk surface large enough (at least 800mm front to back) to allow a flexible arrangement of the screen, with no overhang at the rear, keyboard, with room at the

front to rest the wrists comfortably, documents and related equipment and allow normal work to be carried out?

Please tick

Yes	
No	

Is the height of the desk suitable and at least 720mm (+15mm) ?

Please tick

Yes	
No	

Does the desk have a matt finish – non reflectable?

Please tick

Yes	
No	

7. Footrest

If you cannot place your feet flat on the floor, has a footrest been supplied?

Please tick

Yes	
No	
Not applicable	

8. Document Holder

If it would be of benefit to use a document holder, has one been supplied?

Please tick

Yes	
No	
Not applicable	

If you have a document holder, is it adjustable to suit your needs?

Please tick

Yes	
No	
Not applicable	

9. Display Screen

Can you easily adjust the brightness and the contrast between characters on screen and background?

Please tick

Yes	
No	

Does the screen tilt and swivel freely?

Please tick

Yes	
No	

Is the image stable and free from flicker?

Please tick

Yes	
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No	
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Is the screen at a height to suit you?

Please tick

Yes	
No	

Is the computer display screen?

Please tick

Multi-colour	
Green/Black	
Black/white	

Has an antiglare shield been fitted?

Please tick

Yes	
No	

10. Keyboard

Is the keyboard separate from the screen?

Please tick

Yes	
No	

Can you raise and lower keyboard height?

Please tick

Yes	
No	

Can you easily see symbols on the keys?

Please tick

Yes	
No	

Is there enough space to rest your hands in front of the keyboard?

Please tick

Yes	
No	

11. Software

Do you understand the software?

Please tick

Yes	
No	

12. Training

Have you been trained in the use of your workstation?

Please tick

Yes	
No	

Have you been trained in the use of your software?

Please tick

Yes	
No	

If you were to have a problem relating to display screen work, would you know the correct procedure to follow?

Please tick

Yes	
No	

Do you understand the arrangements for eyesight tests?

Please tick

Yes	
No	

Assessor Comments

VDU Assessment Approved

Name:	
Position:	
Date:	
Further Individual Assessment Required/	YES/NO

