



HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT) REGULATIONS 1992

WORKSTATION RISK ASSESSMENT CHECKLIST

INTRODUCTION

The following questionnaire is designed to allow an assessment of individual Display Screen Equipment (DSE) workstations to be carried out, in terms of the Health and Safety (Display Screen Equipment) Regulations 1992, and associated guidance.

Users are encouraged to carry out their own risk assessment, which will then be checked by the School Safety Committee. A new risk assessment needs to be carried out if there is a change of user, a change in equipment, or in location/set up. If you need further guidance, please contact your Safety Committee representative.

After completing Section A, please ring the appropriate response against each question in Section B, assessing whether each characteristic associated with the use of the workstation in question is present or absent (B1-B4), and satisfactory or unsatisfactory (B5, B6).

Where a "no" or "unsatisfactory" response is recorded, please make a brief comment as to the remedial action which you would see as being desirable. Please note that remedial action will not be applied if you are satisfied with the item and desire no change.

A GENERAL

Workstation location: (School, Division, Unit etc., building, room no & floor)
Name of user:
Assessment completed by:
Assessment checked by:
Date of assessment:
Please indicate the approximate date at which the workstation was set up or last modified (Year is acceptable; failing that please indicate pre or post 1993).
Please indicate the make and model of: a display screen b keyboard

Please indicate the likely maximum length of time you would normally spend working continuously at the workstation (excluding rest breaks) in hours:

Status/staff category of user:

B ASSESSMENT CHECKLIST

The following points are held to be of importance when assessing whether an individual workstation incorporates the characteristics of a well designed DSE workstation and its local environment, in terms of the regulations.

Please record your responses to Qs B1-B4 as "Y" (Yes) or "N" (No), and comment, as indicated in the Introduction, A response indicating "No, but acceptable to user" is a valid response, where no change is desired.

	<i>CHARACTERISTICS</i>	<i>Yes no</i>		<i>COMMENT</i>
1	THE SCREEN			
a	Swivel and tilt facility			
b	Brightness/contrast control			
c	Free from glare/reflection			
d	Free from flicker/swim			
e	Clearly defined images			
f	Clean			
2	THE KEYBOARD			
a	Separate from screen			
b	Tilt facility			
c	Clear, clean symbols			
d	Non-reflective keys and surround			

	<i>CHARACTERISTICS</i>	<i>Yes no</i>		<i>COMMENT</i>
3	THE CHAIR			
a	Seat height adjustable			
b	Back height and tilt adjustable			
c	Stable (5 star base)			
d	Easily movable			
e	Controls safe and easy to use			
f	Footrest available, where necessary			
4	THE DESK			
a	Stable and horizontal			
b	Sufficient workspace available			
c	Sufficient legroom			
d	Space for forearms to rest (in front of keyboard)			
e	Surface of low reflectance			
f	Stable and adjustable document holder, where required			

Please record your responses to Qs B5 and B6 as “S” (Satisfactory) or “US” (Unsatisfactory) and comment, as indicated in the Introduction.

	<i>CHARACTERISTICS</i>	<i>U</i>	<i>US</i>	<i>COMMENT</i>
5	THE LOCAL ENVIRONMENT			
a	Workstation position in room			
b	Sufficient space to change position and vary movements			
c	Adequate room lighting and/or spot lighting			

	<i>CHARACTERISTICS</i>	U	US	<i>COMMENT</i>
d	No direct glare from lights			
e	Window light reducible (curtains or blinds)			
f	Temperature			
g	Humidity			
h	Ventilation			
i	Noise level			
j	Cables and wires secured (no tripping hazards)			
	<i>CHARACTERISTICS</i>	U	US	<i>COMMENT</i>
6	WORK ORGANISATION			
a	Regular breaks from DSE work to perform other tasks/rest			
b	Ease of use of software and availability of training			
c	Information to user on system performance (system error messages, help facility)			
d	No direct glare from lights			

7 ANY FURTHER COMMENTS

Please include here any expanded comments you would like to make regarding the workstation in question or its local environment, or any other aspect of its use, including adverse health effects experienced.

Please return the completed assessment form to Elaine Hook, School Administrator, Rm 4315 JCMB.