

Display Screen Equipment Risk Assessment

Name:	Date:
Department:	
Location of Workstation:	PC Number:
Usual user of Workstation:	

A. Section to be completed by the User	Likelihood Calculator (tick negative outcome)
ENVIRONMENT	
1. Space	
Is there enough space around your workstation? Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>	<input type="checkbox"/>
2. Lighting	
Describe the lighting at your workstation Right..... <input type="checkbox"/> Too bright..... <input type="checkbox"/> Too dark <input type="checkbox"/>	<input type="checkbox"/>
Do you get distracting reflections (glare) on your screen? Never..... <input type="checkbox"/> Sometimes..... <input type="checkbox"/> Constantly..... <input type="checkbox"/>	<input type="checkbox"/>
Do you have control over local lighting? Full control..... <input type="checkbox"/> Some control ... <input type="checkbox"/> No control <input type="checkbox"/>	<input type="checkbox"/>
Is there sufficient lighting for all the tasks you undertake? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Are wall surfaces designed to minimise reflections onto workstations? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="checkbox"/>
Are fixtures and fittings positioned so as to avoid reflections onto the workstation? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="checkbox"/>
If you have windows nearby do they have adjustable blinds? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="checkbox"/>
If controls have not been provided by other means to reduce glare, has a screen filter been supplied? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="checkbox"/>
3. Temperature and Humidity	
Is your workstation usually: Comfortable..... <input type="checkbox"/> Too warm <input type="checkbox"/> Too cold <input type="checkbox"/>	<input type="checkbox"/>
How would you describe the air around your workstation, is it: Comfortable..... <input type="checkbox"/> Too dry..... <input type="checkbox"/>	<input type="checkbox"/>
4. Noise	
Are you ever distracted by noise from the work equipment? Never..... <input type="checkbox"/> Occasionally..... <input type="checkbox"/> Constantly <input type="checkbox"/>	<input type="checkbox"/>

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FURNITURE	
5. Chair	
Can you adjust the height of the seat? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Can you adjust the height and angle of the backrest? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is the chair stable? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Does the chair allow movement? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is the chair in a good state of repair? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
6. Desk	
Is the desk surface large enough to allow you to place equipment where you need it? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Do you have enough space under the desk to achieve a comfortable work position? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is the height of your desk suitable? Yes <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/>	<input type="checkbox"/>
Does the desk have a matt surface (ie non-reflective)? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
7. Footrest	
If you cannot place your feet flat on the floor whilst keying, has a footrest been provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable. <input type="checkbox"/>	<input type="checkbox"/>
8. Document Holder	
If it would be of benefit to use a document holder, has one been provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable. <input type="checkbox"/>	<input type="checkbox"/>
DISPLAY SCREEN EQUIPMENT	
9. Screen / Monitor	
Can you easily adjust the brightness and contrast? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Does the screen tilt and swivel easily? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is the screen image stable and free from flickering? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is the screen at a height which is comfortable for you to use? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

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10. Keyboard	
Is the keyboard separate from the screen? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Can you raise and lower (tilt) the keyboard height? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Can you easily see the symbols on the keys? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Is there enough space to rest your hands in front of the keyboard? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Do all the keys on the keyboard operate correctly? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
INFORMATION / INSTRUCTION, JOB DESIGN AND TRAINING	
11. Information / Instruction	
Have you been briefed on the health and safety issues related to the use of display screen equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Do you understand the arrangements for eye and eyesight tests and where appropriate the provision of a voucher for a contribution towards the cost of corrective appliances? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you were to have a problem relating to display screen equipment, do you know the correct procedures to follow? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
12. Job Design	
Has your job been designed to incorporate off-screen activities as part of the working day? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate opportunities for regular breaks from using the display screen equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Have steps been taken to minimise repetitive tasks such as continual data entry? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable. <input type="checkbox"/>	<input type="checkbox"/>
Where possible, have 'peaks and troughs' in the workload been eliminated? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
13. Training	
Have you been trained in the use of your workstation? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Additional user comments:	
Checklist completed by (print name):	Signature:

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B. Section to be completed by Manager	
Manager (print name):	
Likelihood Calculation:	
(a) Number of ticks for questions 1, 2, 3, 4 (column 2)	
(b) Number of ticks for questions 5, 6, 9, 10 (column 2)	
(c) Number of ticks for questions 7, 8, 11, 12, 13 (column 2)	
(d) Total	
From the outcome above delete as appropriate: Improbable <input type="checkbox"/> <div style="text-align: center;">Unlikely <input type="checkbox"/> Likely <input type="checkbox"/></div>	
Guidance: If a = 1 then equals unlikely , if a = 2 or more then equals likely , if b = 1 or more then do not allow users to operate workstation, if c = 1 or more then correct before complete assessment, if d = 0 then likelihood equals improbable . <u>NB</u> Use highest outcome.	
Severity Calculation:	
Delete as appropriate: Minor (if Total in (d) = 0) <input type="checkbox"/> Significant (when issues unresolved) <input type="checkbox"/>	
Risk Action Level (Severity x Likelihood)	
Delete as appropriate: Low (improbable x minor only) <input type="checkbox"/> Medium (unlikely x significant) <input type="checkbox"/> High (likely x significant) <input type="checkbox"/>	
Manager's Action Plan:	
Action: Communicate Assessment to User	Date to be completed:
Manager's signature:	Date:

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