

Specialist Nurse – Organ Donation Workplace Self Assessment Checklist

WORKSTATION SET UP
Area
<p>Does a visual inspection of the electrical equipment you use show any damage e.g. plugs, flex, cover and casing ?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, state what equipment:</p>
<p>Is all electrical equipment suitable for its intended use and place of use ?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, state what equipment:</p>
<p>Is there enough space around the workstation? (to allow free movement and access to and from the workstation)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are there any trailing cables in the general working environment which may cause a tripping hazard?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>
Lighting
<p>Describe the lighting at the workstation</p> <p style="text-align: center;">Right <input type="checkbox"/> Too bright <input type="checkbox"/> Too dark <input type="checkbox"/></p>
<p>Are there distracting reflections or glare on the screen?</p> <p style="text-align: center;">Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Constantly <input type="checkbox"/></p>
<p>Is there sufficient lighting for all the tasks undertaken?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are wall surfaces designed to minimise reflections onto workstations?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>
<p>Are fixtures and fittings positioned so as to avoid reflections onto the workstation? (e.g lighting, workstation at an angle to avoid glare)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>
<p>If there are windows nearby do they have adjustable blinds? (curtains would also be adequate)</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>
<p>If controls have not been provided by other means to reduce glare, has a screen filter been supplied?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>

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Temperature and Humidity
Is the workstation usually: Comfortable <input type="checkbox"/> Too warm <input type="checkbox"/> Too cold <input type="checkbox"/>
How would you describe the air around the workstation, is it: Comfortable <input type="checkbox"/> Too dry <input type="checkbox"/>
Noise
Are there distractions caused by noise from work equipment? Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Constantly <input type="checkbox"/>
Chair
Can the height of the seat be adjusted? (You need to adjust your chair height so that your wrists are straight when keying in and your elbows are at a right angle. Your eyes should be about level with the top of the screen casing) Yes <input type="checkbox"/> No <input type="checkbox"/>
Can the height and angle of the backrest be adjusted? (This must be adjustable independently from the back support. Whilst keying in you should sit in the chair with your lower back fully supported by the backrest) Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the chair stable? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the chair allow movement? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the chair in a good state of repair? Yes <input type="checkbox"/> No <input type="checkbox"/>
Desk
Is the desk surface large enough to allow equipment to be placed where needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there enough space under the desk to achieve a comfortable work position? (i.e. no boxes or equipment under the desk which means you have to sit in a twisted position to use the workstation) Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the height of the desk suitable? Yes <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/>
Does the desk have a matt surface (ie non-reflective)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Footrest
<i>If staff cannot place their feet flat</i> on the floor whilst keying, has a footrest been provided? (Once you have adjusted your chair to the correct height, if you can't touch the floor) Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Document Holder
<i>If it would be of benefit</i> to use a document holder, has one been provided? (Helpful if you constantly refer to notes when you key in or do large amounts of copy typing) Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>

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Screen / Monitor	
Can the brightness and contrast be easily adjusted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the screen tilt and swivel easily? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the screen image stable and free from flickering? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the screen at a height that is comfortable for staff to use? (there should be minimum neck flexion) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Keyboard	
Is the keyboard separate from the screen? (Laptops should not be used for prolonged use unless in a docking station with separate keyboard and screen at correct height to minimise postural issues from use) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can it be tilted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can the symbols on the keys be easily seen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there enough space to rest hands in front of the keyboard? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do all the keys on the keyboard operate correctly? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Manager:	Date assessment completed:
Assessment Reviewed with Individual: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Action Plan (including target completion dates and those responsible): 	
Action Plan communicated and agreed with Individual : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agreed review date :	
Manager's Signature:	
Individual's Signature:	