

Supplementary Questions for 4<sup>th</sup> Year Project Students

Risk Factor	Answer	Things to Consider	Record details here
Has the checklist covered all the problems that may arise from working with the VDU?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you free from experiencing any fatigue, stress, discomfort or other symptoms which you attribute to working with the VDU or work environment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any aches, pains or sensory loss (tingling or pins and needles) in your neck, back shoulders or upper limbs. Do you experience restricted joint movement, impaired finger movements, grip or other disability, temporary or permanently	
Do you take adequate breaks when working at the VDU?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Periods of two minutes looking away from the screen taken every 20 minutes and longer periods every 2 hours  Natural breaks for taking a drink and moving around the office answering the phone etc.	
How many hours per day do you spend working with this computer?	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input checked="" type="checkbox"/> 5-7 <input type="checkbox"/> 8 or more		
How many days per week do you spend working with this computer?	<input type="checkbox"/> 1-2 <input checked="" type="checkbox"/> 3-5 <input type="checkbox"/> 6-7		
Please describe your computer usage pattern	I tend to use the computer (which is a laptop) only while in the office building. I also just use it for the HD and cards, leaving the VDU to an external screen.		

## Student declaration and Academic Approval

### Student Declaration:

I have completed the DSE Workstation Checklist and the Supplementary Questions for my computer-related risk assessment for 4YP Project Number indicated below:

4YP Project Number: 11516 .....

4YP Student's Name (please print) Marcelo Gennari do Nascimento .....

4YP Student's Signature: Marcelo G. N. do N. .....

### Academic Approval

I confirm my approval of this 4YP DSE Risk Assessment.

Academic Supervisor's Name: (please print) Maurice Fallon .....

Academic Supervisor's Signature Maurice Fallon .....