

UNIVERSITY SAFETY SERVICES

Display Screen Workstation Self-Assessment Questionnaire

DEPARTMENT/SCHOOL/SECTION:

ROOM NUMBER:

USER:

COMPUTER:

APPROXIMATE DATE OF FIRST USE OF THIS EQUIPMENT:

DATE OF THIS ASSESSMENT:

*Please tick as applicable: **N/A** not applicable, **D/K** don't know*

	Yes	No	N/A	D/K	Action/Comment
A. CHAIR					
Does it provide good support for your back?					
Is it stable?					
Is it a 5 star base configuration on castors?					
Does it swivel to give access to work surface and storage?					
Is it adjustable in height?					
Does the backrest adjust in height and tilt?					
Is the seat pan depth satisfactory?					
Is the mechanism for adjustments easy to operate?					
Is the chair in good condition?					
B. DESKS					
Is the desk clearance from the floor to underside of desk sufficient for you?					
Can you place your legs under the desktop?					
Are the home keys (F and J) level with your elbows?					
Is there space to stretch your legs whilst sat at the desk?					

	Yes	No	N/A	D/K	Action/Comment
Is there sufficient side-to-side space for your knees?					
Is there a large enough desk top to do your work?					
Is there room to rest your hands and wrists (5cm to 10cm in front of the keyboard?)					
C. WORKING POSTURE					
Is the monitor at a comfortable distance away from you?					
Is the monitor at a comfortable height for you?					
D. DOCUMENT HOLDERS					
Would a document holder help you in your work?					
If you have a document holder is it adjustable in height?					
Is it adjustable in tilt?					
E. FOOTREST					
If your feet do not easily touch the ground, is a footrest provided?					
Is it adjustable?					
F. LAYOUT					
Is the space in the work area as a whole sufficient for the number of people and amount of furniture and equipment?					
G. SCREEN/DISPLAY					
Is the image: clear?					
stable?					
free from flicker, jitter and glare?					
Does it have a brightness control?					
Is text comfortable to read?					
Is screen large enough for intended use?					
Are cleaning materials available for the screen?					

	Yes	No	N/A	D/K	Action/Comment
Does it have a contrast button?					
Is the angle of tilt adjustable?					
Does the screen swivel?					
Is the position of the screen relative to the windows free from glare or reflection?					
Is it at a comfortable height?					
H. KEYBOARD					
Is it detachable from the computer screen?					
Has it got a shallow keyboard slope (10-15°)?					
Does it have a separate numeric keyset if a task demands keying large amounts of figures?					
Are the keys easy to read?					
Can you find a comfortable keying position?					
I. LIGHTING					
Is the lighting in the workplace and at the desk suitable?					
Daylight?					
Artificial (300 - 500 lux)?					
If needed, is there additional lighting at the desk?					
If there are no blinds at the windows, is this satisfactory?					
Is the screen free from glare or reflection from the lights?					
J. HEATING AND VENTILATION					
Do you experience discomfort due to heat or from being too cold, while at your workstation?					
K. NOISE					
Is the noise from office equipment acceptable?					

	Yes	No	N/A	D/K	Action/Comment
L. WORK ROUTINE					
Do all your uninterrupted work sessions last less than 90 minutes?					
Is your work arranged so that there are appropriate changes in work activity?					
Is the software you use adequately 'user friendly'?					
M. GENERAL					
Does the equipment have an up-to-date electrical test label?					
Is the floor free from trailing cables?					

Signed:

Please copy this form to your Line Manager and your School Unit Display Screen Assessor, who will then discuss with you any unsatisfactory features which you have identified.

“Reduce your CARBON FOOTPRINT by switching off your PC and monitor when they are not likely to be used for more than an hour (e.g. overnight, weekends and long meetings)”

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