## Department of Engineering Science



## 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?	Yes No		
Are you free from experiencing any fatigue, stress, discomfort or other symptoms which you attribute to working with the VDU or work environment?	Yes 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?	Yes 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?	1-2 3-4 5-7 8 or more		e .
How many days per week do you spend working with this computer?	1-2 3-5 6-7		
Please describe your computer usage pattern	Use of laptop for a number of hours a day, most days, in department or at home		

## Department of Engineering Science



## **Student declaration and Academic Approval**

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: 11410			
4YP Student's Name (please print) CAMERON EADIE			
4YP Student's Signature: Qadie			
Academic Approval			
I confirm my approval of this 4YP DSE Risk Assessment.			
I confirm my approval of this 4YP DSE Risk Assessment.  Academic Supervisor's Name: (please print)  Academic Supervisor's Signature			
Academic Supervisor's Signature			