**Computer Workstation Assessment**

This guidance will walk you through the checklist below and provide suggestions for making your workstation as ergonomic as possible:

<https://www.bath.ac.uk/publications/working-at-home-computer-workstation-guidance/attachments.bho/working-at-home-dse-guidance-2020-07-20.pdf>

Please refer to it as you go through the table below (delete yes/no as applicable) and adjust your set up where possible to obtain as many ‘YES’ answers as possible. Once completed, you can tick YES on your green form for Computer Workstation.

**If the answer to either of the “About You” questions is NO, send this assessment form to Isabel (**[**irw26@bath.ac.uk**](mailto:irw26@bath.ac.uk)**).**

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| --- | --- |
| NAME: | |
| About You | |
| Are you free from any aches or pains that you believe to be associated with using display screen equipment? | Yes/No |
| Are you free from any health condition that would make it difficult to use your workstation in any way? | Yes/No |
| Your Chair | |
| Does your chair provide adequate support for your back, buttocks & thighs? | Yes/No |
| Is your chair stable during use? | Yes/No |
| Can you sit close enough to your workstation? | Yes/No |
| Seating Position | |
| Is your keyboard & main screen in front of you while working (so that you do not have to twist your neck and back)? | Yes/No |
| When using the keyboard are your forearms parallel to the desktop & your elbows slightly above the height of the desk? | Yes/No |
| When looking at your screen are you looking slightly downwards? | Yes/No |
| Is there sufficient space to stretch your legs while seated? | Yes/No |
| Can you place your feet flat on the floor (or on a footrest) while working? | Yes/No |
| Display Screen | |
| Can you adjust the positioning of your display screen? | Yes/No |
| Can you adjust your display screen for brightness and contrast? | Yes/No |
| Is your display screen image clear, stable and free from any problems, such as glare, reflection, or flicker? | Yes/No |
| Keyboard and Mouse /other input devices, for example trackpads. | |
| Is your keyboard free from glare & reflections? | Yes/No |
| Is your keyboard suitable for your use? | Yes/No |
| Is your mouse positioned as close as possible to the keyboard? | Yes/No |
| Is your mouse suitable for use with your dominant hand? | Yes/No |
| Your Work Surface | |
| Is your work surface free from glare & reflections & stable during use? | Yes/No |
| Is the height of your work surface sufficient for comfort? | Yes/No |
| Is your work surface deep enough & wide enough for the work that you do? | Yes/No |
| Is there sufficient space in front of your keyboard to rest your hands when not working? | Yes/No |
| Your Working Environment | |
| Is the lighting suitable and sufficient? | Yes/No |
| Is the level of noise in your work area acceptable most of the time? | Yes/No |
| Is the space in the work area sufficient for the equipment you need and for ease of moving around? | Yes/No |
| Is there sufficient circulation of air? | Yes/No |
| Working Practices | |
| Do you have sufficient screen breaks away from the display screen (at least hourly)? | Yes/No |
| Do you use keyboard shortcuts to minimise mouse use? | Yes/No |
| Software | |
| Is your computer & software sufficient for the tasks you undertake? | Yes/No |
| Do you believe you have sufficient knowledge for using your software effectively? | Yes/No |