

Form	
Identification No:	
(For Departmental Use)	

# ROYAL HOLLOWAY, UNIVERSITY OF LONDON

## WORKSTATION ASSESSMENT REVIEW FORM

Employee name: ..... Department: .....

Location (Building and Room Number): .....

Date of previous workstation assessment: .....

<b>Please complete the following table by answering the questions provided:</b>		<b>Yes/No</b>
Have all recommendations identified in the previous workstation assessment been implemented?		
Following the previous assessment, have there been any changes to the following?	1. Environment	
	2. Equipment	
	3. Job design	
<b>Changes and further action required</b> Identify here any changes to the workstation including any action required following these changes, and any requirements that are outstanding from the previous assessment		
Have you reminded the 'user' of work practices that should be adopted to minimise the risk of upper limb disorders?		
Have you reminded the 'user' of the procedure for reporting health and safety problems in relation to their computer workstation?		

**DECLARATION OF ASSESSOR**

I have conducted a review of the above workstation and confirm the above changes and recommend action to be taken, as identified.

Name:

Date:

Next review date:

**DECLARATION OF REVIEWED USER**

I acknowledge that I have received a review of my workstation.

Signature:

Print name:

Date: