

Form	
Identification No:	
(For Departmental Use)	

# ROYAL HOLLOWAY, UNIVERSITY OF LONDON

## WORKSTATION ASSESSMENT FORM – DISPLAY SCREEN EQUIPMENT

Is the “user” of the equipment covered under the provisions of the Health & Safety (Display Screen Equipment) Regulations 1992 and, therefore, subject to the following workstation assessment and an eye test. **Yes/No**

Users name, equipment used etc:

Name: ..... Department: .....

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

Equipment: ..... Date of Installation: .....

		<b>Yes/ No</b>	<b>Comments</b>
<b>Environment</b>			
<b>1</b>	<b>Space</b>		
	Is there sufficient space (legal minimum 3.7m <sup>2</sup> ), with enough storage, to enable easy access to the workstation?		
	Does the space permit reasonable variation in the position of furniture and equipment?		
<b>2</b>	<b>Lighting</b>		
	Is there adequate lighting for all tasks?		
	Is lighting variable to suit ambient conditions?		
	Have desk lamps (or other local task lighting) been supplied where necessary?		
<b>3</b>	<b>Reflections and Glare</b>		
	Have adjustable window blinds (or an alternative type of easily adjustable covering) been fitted?		
	Are wall surfaces designed to minimise reflections from falling upon the workstation?		
	Have other fixtures and fittings been positioned to avoid reflections on the workstation and other equipment?		
<b>4</b>	<b>Temperature/Humidity</b>		
	Is the temperature at the workstation at least 16°C?		
	Is the temperature maintained at a level that ensures operator comfort?		
	Have all sources of excess heat (i.e. those likely to cause injury or major discomfort) been eliminated or suitably controlled?		
	Is an adequate level of humidity maintained?		
<b>5</b>	<b>Noise</b>		
	Do the noise levels in the vicinity of the office/workstation disturb speech or concentration?		

<b>Equipment</b>			
<b>6</b>	<b>The Work Chair</b>		
	Is the chair:	a) Stable (i.e. five star base, etc)?	
		b) Does it permit freedom of movement?	
	Can you easily:	c) Adjust the height of the seat?	
		d) Adjust the height of the backrest?	
		e) Adjust the angle of the backrest?	
	Does the user use the backrest and is the height of the backrest correctly adjusted to support the lower back?		
	Does the user bend or twist neck to view screen, hunch the shoulders, twist or angle the trunk forwards or sideways?		
<b>7</b>	<b>The Keyboard</b>		
	Is the keyboard separate from the screen?		
	Is it possible to easily adjust the angle or tilt of the keyboard (using legs on the underside)?		
	Are the forearms approximately horizontal?		
	Are the hands and wrists at a neutral angle?		
	Is there adequate space in front of the keyboard to provide support for the hands and arms of the user?		
<b>8</b>	<b>The Display Screen</b>		
	Is it possible to easily tilt the screen (up and down)?		
	Is it possible to easily swivel the screen (from side to side)?		
	Is it possible to achieve the correct height of the screen?		
	Is it possible for the operator to alter the position of the screen where this is necessary?		
	Is the screen directly in front of the user?		
	Is the screen height correctly adjusted to the user so as to minimise tilting of the neck?		
	Is the viewing distance suitable (450mm-550mm)?		
	Can the characters on the screen be read easily?		
	Does the display screen have easily adjustable controls for brightness and contrast?		
	Is the image on the screen stable and free from flicker or instability?		
	Is the screen free of reflections or glare?		
	Where the need cannot be avoided has an appropriate screen filter been supplied?		

<b>9</b>	<b>The Mouse, Trackball or Other Pointing Device</b>		
	Is a pointing device used? (i.e. mouse, trackball, joystick, touchpad, etc) <i>Please specify type of device</i>		
	Is there enough space at the workstation to use the pointing device?		
	Is the device positioned close to the user?		
	Is there support for the device user's wrist and forearm?		
	Does the device work smoothly at a speed that suits the user?		
	Are periods of using the device regularly interspersed with other activities?		
<b>10</b>	<b>Other Equipment</b>		
	Has a document holder been provided where necessary, and is it adjustable to suit the requirements of the operator?		
	Has a document holder been positioned to suit the needs of the user?		
	Has a footrest been made available? If No, is one required?		
	If equipment (display screen or other) is placed upon shelves, cupboards, filing cabinets, etc., are these secure and stable?		
<b>11</b>	<b>The Work Desk or Work Surface</b>		
	Is the desk or work surface sufficiently large to allow a flexible and comfortable arrangement of work equipment?		
	Does the surface have a matt finish to prevent reflections?		
	Is the height of the desk or work surface suitable for use with display screen equipment?		
	Is there sufficient space below the work surface to enable the operator to achieve a comfortable position?		
	Are the cables for the VDU/phone, etc. gathered safely?		
<b>12</b>	<b>Job Design</b>		
	Has the job been designed to incorporate off-screen activities within the working day?		
	Are there adequate opportunities for regular breaks from using display screen equipment (e.g. 5-10 minute break every hour)?		
	Have steps been taken to minimise repetitive or boring tasks (i.e. continual data entry)?		
<b>13</b>	<b>Provision of User Information</b>		
	Has the user been made aware of the entitlement to eye testing, eye examination and, where appropriate, provision of free corrective appliances?		
	Have you trained the user in how to recognise visual or postural fatigue, and how to respond?		
	Does the user know the correct procedure to follow in the event of a health or safety problem arising at the workstation or from the use of display screen equipment (i.e. immediate notification to their Head of Department who will notify the Health and Safety Office?)		

**Additional Comments:**

Identify here any additional issues identified during the workstation assessment, and any action required

**EYE TESTING**

Where the user wishes to have an eye and eyesight test, please notify them of the procedure to be followed, including that applicable when an Optician identifies “special corrective appliances” to be necessary.

**DECLARATION OF ASSESSOR**

I conducted the analysis of the above workstation and recommend the action to be taken, as identified above to meet the requirements of the Health & Safety (Display Screen Equipment) Regulations 1992.

Name .....

Position .....

Date .....

Review Date .....

**DECLARATION OF ASSESSED USER**

I acknowledge that I have received a workstation assessment and, in the interests of my own health and safety, agree to comply with the information and training I have received, and report immediately to my line manager any problems or concerns, including those health related.

Signature .....

Date .....