

SELF ASSESSMENT CHECKLIST FOR DISPLAY SCREEN EQUIPMENT USERS

Name: Job Title: Department or Section: Location of workstation (e.g. room number): Date of Assessment:
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1. How often do you use your computer? a) Habitually thorough the day <input type="checkbox"/> b) continuously for an hour or more each day. <input type="checkbox"/> c) less than an hour each day <input type="checkbox"/>		2. Discretion on DSE use and pace of work. a) Can you perform your job without using the computer? <input type="checkbox"/> b) Do you have discretion over the pace of your work? Complete discretion <input type="checkbox"/> Some discretion <input type="checkbox"/> Little or no discretion <input type="checkbox"/>	Y/N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Do you suffer from any aches, pains or discomfort in fingers, wrists, arms, neck, shoulders or back when using your computer? Constantly <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Never <input type="checkbox"/>		4. If any is ticked, please state what part of your body is affected.	
5. Does the pain or discomfort go when not at work?	Y/N	6. Can you adjust your seat height, and back rest?	Y/N
7. Does the chair provide adequate lumbar (lower back) support?	Y/N	8. Do you sit with your back supported whilst keying or using the mouse?	Y/N
9. Is your chair adjusted so that you can position your arms with your elbows at 90° angle with forearms horizontal whilst keying and using mouse?	Y/N	10. Is the seat depth an adequate size, so that there is no pressure on the backs of thighs or knees when seated?	Y/N
11. If your chair has arms does it prevent you from getting close to the desk?	Y/N	12. Can your feet rest comfortably on the floor when your chair is adjusted at the correct height?	Y/N
13. If "no", have you been provided with a footrest?	Y/N	14. Is there adequate space on your desk for all the items \ equipment you use most frequently?	Y/N
15. Is there adequate space in front of the keyboard to rest your hands in between keying?	Y/N	16. Is there adequate space beneath the desk to enable you to stretch your legs and regular change position?	Y/N
17. Can you adjust the position of your monitor?	Y/N	18. Is you screen positioned directly in front of you?	Y/N
19. Is your line of vision approximately 5cm to 7cm from the top of the screen when viewing the screen?	Y/N	20. Is your screen positioned at a comfortable viewing distance? <i>(It should be approximately an arm's length away from you)</i>	Y/N
21. Is the screen subject to reflections and glare?	Y/N	22. Are the screen images stable and clear?	Y/N

<p>23. Do you suffer from any visual problems e.g. visual fatigue, trouble focusing when using your computer?</p> <p>Constantly <input type="checkbox"/></p> <p>Frequently <input type="checkbox"/></p> <p>Occasionally <input type="checkbox"/></p> <p>Never <input type="checkbox"/></p>		<p>24. If any it ticked, please give details.</p>	
<p>25. Can you adjust the contrast and brightness of your screen?</p>	<p>Y/N</p>	<p>26. Do you suffer from headaches when using your computer?</p> <p>Constantly <input type="checkbox"/></p> <p>Frequently <input type="checkbox"/></p> <p>Occasionally <input type="checkbox"/></p> <p>Never <input type="checkbox"/></p>	
<p>27. Have you had an eyesight test within the last 12 months?</p>	<p>Y/N</p>	<p>28. Do you find the lighting at your workstation adequate?</p>	<p>Y/N</p>
<p>29. Do you have sufficient lighting to read any documents \paperwork you use at your workstation?</p>	<p>Y/N</p>	<p>30. Have you been supplied with a task lamp?</p>	<p>Y/N</p>
<p>31. If you read or copy from source documents, have you been provided with a document holder?</p>	<p>Y/N</p>	<p>32. Is your document holder positioned close to the screen?</p>	<p>Y/N</p>
<p>33. Is your keyboard comfortable to use and suitable for the tasks you have to do?</p>	<p>Y/N</p>	<p>34. Is your mouse suitable for the size of your hand and comfortable to use?</p>	<p>Y/N</p>
<p>35. Can you use your mouse with your wrists flat and your fingers in a neutral position, without excessive gripping action?</p>	<p>Y/N</p>	<p>36. Do you have the mouse positioned close to the keyboard so it can be used without you having to extend your arm?</p>	<p>Y/N</p>
<p>37. Do you frequently have to use the telephone whilst keying or using your mouse, causing you to cradle the receiver on your shoulder?</p>	<p>Y/N</p>	<p>38. Is your work area free from trailing leads, cables and other obstructions?</p>	<p>Y/N</p>
<p>39. Is there adequate storage space at your workstation?</p>	<p>Y/N</p>	<p>40. Do you find the software \ hardware suitable for the work you have to do?</p>	<p>Y/N</p>
<p>41. Do you think you have received adequate training on the software and programmes you need to use?</p>	<p>Y/N</p>	<p>42. Do you have excessive peaks or troughs in your workload?</p>	<p>Y/N</p>
<p>43. Do your working arrangements allow you to take breaks from screen based work to do other tasks?</p>	<p>Y/N</p>	<p>44. Do you work at the DSE for prolonged periods (more than an hour) at a time without a break?</p> <p>Often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Never <input type="checkbox"/></p>	
<p>45. Do you take frequent micro-breaks from keying to stretch, change position, and to re-focus your eyes away from the screen?</p>	<p>Y/N</p>	<p>46. Have you received any training on the health and safety issues relating to DSE use within the last 2 years?</p>	<p>Y/N</p>
<p>Any other comments you would like to raise concerning your workstation or working environment?</p>			

Employee's signature: