

WORKSTATION ASSESSMENT
REMOTE/HOME WORKERS

NAME: _____

SERVICE/
RESOURCE: _____

JOB TITLE: _____

Once the checklist has been completed please sign, date and return to the HR Resource.

Employee
Signature: _____ **Date:** _____

HR
Signature: _____ **Date:** _____

Introduction to Individual

[COMPANY/FIRM NAME] is fully committed to complying with the Display Screen Equipment Regulations 1992. We believe in taking a proactive approach to ensure that we reduce or eliminate the risk of discomfort to you when using your workstation.

WORKSTATION QUESTIONS	YES/NO Delete as appropriate	COMMENTS/REMEDIES
<u>PRELIMINARY QUESTIONS</u>		
Are you classified as a high-risk user i.e. does use of a workstation constitute the main part of your role?	YES/NO	
Are you aware that you must take frequent breaks from using a VDU? This is achievable through varying tasks e.g. filing, faxing, making coffee?	YES/NO	
Are you currently suffering from any visual or musculoskeletal problems? If so, please give details.	YES/NO	
<u>CHAIR</u>		
Is your chair stable and does it allow you to find a comfortable working position?	YES/NO	
Is your chair adjustable for height?	YES/NO	
Is the back of your chair adjustable for tilt?	YES/NO	
Are the seat adjustment controls easy to locate and use?	YES/NO	
Would you be more comfortable with a footrest?	YES/NO	
<u>WORKSTATION</u>		
Is your worksurface large enough to allow a flexible arrangement of screen, keyboard and related equipment?	YES/NO	
Would you like a document holder?	YES/NO	
If you currently use a document holder, is it adjustable to your needs?	YES/NO	
Do you have any problems using the software provided at your workstation?	YES/NO	
<u>KEYBOARD</u>		
Does the keyboard have a tilt adjustment and do the keys feel positive, comfortable and are the legends easy to see?	YES/NO	
When using your keyboard, are your upper arms roughly in line with the line of your upper body and your wrists roughly horizontal? <i>N.B. this is the correct way to use your keyboard</i>	YES/NO	
Do you require a wrist support?	YES/NO	

SCREEN		COMMENTS/REMEDIES
Is the height of your screen:- (a) too high (b) too low (c) about right You should be looking at the centre of the screen.		
Is your screen free from visible reflections?	YES/NO	
If no, can you reposition the screen on your desk/close blinds etc?	YES/NO	
Does the screen tilt and swivel freely?	YES/NO	
Is the brightness/contrast on the screen easily adjustable?	YES/NO	
Is the screen located roughly at arms length from your eyes? <i>N.B. this is the correct distance from your screen.</i>	YES/NO	
MOUSE		
Do you have a mouse mat? If not, do you require one?	YES/NO	
Is the mouse operating correctly?	YES/NO	
Do you suffer from discomfort from use? If so please give details.	YES/NO	
Would you like a wrist support?	YES/NO	
OTHER EQUIPMENT		
If you are dealing with confidential information, can you confirm whether you have a shredder?	YES/NO	
ELECTRICAL SUPPLY NB - your domestic supply, including any electrical sockets, remains your responsibility		
Does all electrical equipment provided have an adequate electrical supply?	YES/NO	
Are all electrical sockets used by such equipment maintained in a safe working order?	YES/NO	
Do any cables from the electrical supply to any equipment provided constitute any hazard e.g. cables should be tapped to wall/floor and/or clearly marked if they could causing a tripping hazard?	YES/NO	
When was your electrical equipment last tested?		
FIRST AID		
Do you have a first aid box?	Yes/NO	
Does the first aid box have adequate supplies? If not please indicate what supplies are needed.	Yes/NO	

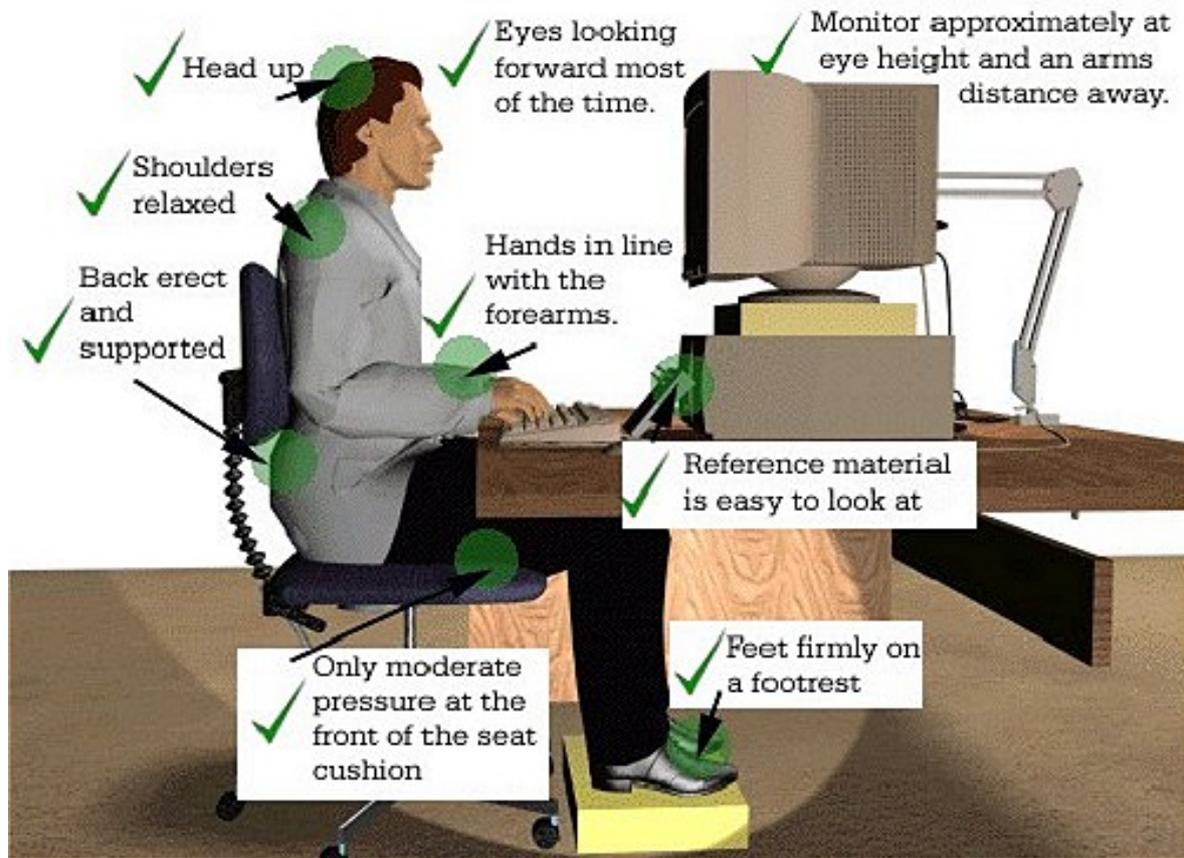
<p>If you have had an accident since the last Workstation Assessment was completed – was this reported by email to Facilities/HR? If not, please provide details</p>	<p>YES/NO</p>	
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ENVIRONMENT

<p>Is the working environment reasonably acceptable i.e. temperature, humidity, noise level etc?</p>	<p>YES/NO</p>	
<p>Is there any under desk structure where or how you sit to work?</p>	<p>YES/NO</p>	
<p>Do the cables from the display screen equipment constitute any hazard?</p>	<p>YES/NO</p>	
<p>Is the level of lighting your area of sufficient strength to see your screen clearly?</p>	<p>YES/NO</p>	
<p>Are the windows fitted with suitable adjustable coverings (blinds or equivalent) to attenuate daylight?</p>	<p>YES/NO</p>	
<p>Are you worried about any aspects of health risk associated with display screen work?</p>	<p>YES/NO</p>	

Follow up:

CORRECT WORKSTATION SET UP (TO BE LEFT WITH THE EMPLOYEE)



If you are experiencing any please contact a member of Human Resources.