

# DISPLAY SCREEN EQUIPMENT

## WORKSTATION SELF-ASSESSMENT CHECKLIST

Name:..... Location:..... Date:.....

Cross-reference Workstation Assessment Record Nos

The completion of this checklist will enable you to carry out a self assessment of your own workstation. Your views are essential in order to enable us to achieve our objective of ensuring your comfort and safety at work. Please circle the answer that best describes your opinion, for each of the questions listed. The form should be returned to \_\_\_\_\_ as soon as it has been completed.

|   |                     |                   |
|---|---------------------|-------------------|
| <b>Environment</b>                                    |                     |                   |
| <b>1. Lighting</b>                                    |                     |                   |
| Describe the lighting at your usual workstation.      |                     |                   |
| <b>About right</b>                                    | <b>Too bright</b>   | <b>Too dark</b>   |
| Do you get distracting reflections on your screen?    |                     |                   |
| <b>Never</b>  | <b>Sometimes</b>    | <b>Constantly</b> |
| What control do you have over local lighting?         |                     |                   |
| <b>Full control</b>                                   | <b>Some control</b> | <b>No control</b> |
| <b>2. Temperature and humidity</b>                    |                     |                   |
| At your workstation, is it usually:                   |                     |                   |
| <b>Comfortable</b>                                    | <b>Too warm</b>     | <b>Too cold</b>   |
| Is the air around your workstation:                   |                     |                   |
| <b>Comfortable</b>                                    | <b>Too dry</b>      |                   |
| <b>3. Noise</b>                                       |                     |                   |
| Are you distracted by noise from work equipment?      |                     |                   |
| <b>Never</b>  | <b>Occasionally</b> | <b>Constantly</b> |
| <b>4. Space</b>                                       |                     |                   |
| Describe the amount of space around your workstation: |                     |                   |
| <b>Adequate</b>                                       | <b>Inadequate</b>   |                   |
| <b>Furniture</b>                                      |                     |                   |
| <b>5. Chair</b>                                       |                     |                   |
| Can you adjust the height of the seat?                |                     |                   |
| <b>Yes</b>  | <b>No</b>           |                   |
| Can you adjust the height and angle of the backrest?  |                     |                   |
| <b>Yes</b>  | <b>No</b>           |                   |

Is the chair stable?

**Yes**

**No**

Does it allow movement?

**Yes**

**No**

Is the chair in a good state of repair?

**Yes**

**No**

If your chair has arms, do they get in the way?

**Yes**

**No**

#### **6. Desk**

Is the desk surface large enough to allow you to place all your equipment where you want it?

**Yes**

**No**

Is the height of the desk suitable?

**Yes**

**No**

Does the desk have a matt surface (non-reflectant)?

**Yes**

**No**

#### **7. Footrest**

If you cannot place your feet on the floor whilst keying, has a footrest been supplied?

**Yes**

**No**

#### **8. Document Holder**

If it would be of benefit to use a document holder, has one been supplied?

**Yes**

**No**

If you have a document holder, is it adjustable to suit your needs?

**Yes**

**No**

#### **9. Display Screen**

Can you easily adjust the brightness and the contrast between the characters on screen and the background?

**Yes**

**No**

Does the screen tilt and swivel freely?

**Yes**

**No**

Is the screen image stable and free from flicker?

**Yes**

**No**

Is the screen at a height which is comfortable for you?

**Yes**

**No**

### **10. Keyboard**

Is the keyboard separate from the screen?

**Yes**

**No**

Can you raise and lower the keyboard height?

**Yes**

**No**

Can you easily see the symbols on the keys?

**Yes**

**No**

Is there enough space to rest your hands in front of the keyboard?

**Yes**

**No**

### **11. Software**

Do you understand how to use the software?

**Yes**

**No**

### **12. Training**

Have you been trained in the use of your workstation?

**Yes**

**No**

Have you been trained in the use of software?

**Yes**

**No**

If you were to have a problem relating to display screen work, would you know the correct procedures to follow?

**Yes**

**No**

Do you understand the arrangements for eye and eyesight tests?

**Yes**

**No**

### **13. Health**

Are you suffering or have you suffered aches and pains or other health problems associated with the use of the display screen equipment and workstation?

**Yes**

**No**

Under what circumstances do these problems occur?  
(Please give details)

**Any other comments?**