



**APPENDIX 2**

Please ask for:

Direct Dial:

Your Ref:

Our Ref:

Date:

Dear

**EYESIGHT TEST OR VISION SCREENING REQUEST FORM**

As a display screen user you have recently requested an eye test. Under the Health and Safety (Display Screen Equipment) Regulations 1992 you are entitled to an eye and eyesight test by a registered ophthalmic optician at the expense of the Council **OR** you may opt for a vision screening test, carried out by myself, to check the need for a full eye test.

Please indicate whether you wish to choose the eye and eyesight test, or undertake vision screening, by returning the tear-off slip to your supervisor/section head who will then forward a copy of this slip to me **(only if requesting vision screening)**.

Should you request a full eye test, you will be given the necessary authorisation form, signed by your supervisor/section head, to take to an optician. If you require vision screening, this will be arranged directly by myself.

Occupational Health Adviser

**Tear here**.....  
.....

**NAME:**  
\_\_\_\_\_

**JOB DESIGNATION:**  
\_\_\_\_\_

**SERVICE:**  
\_\_\_\_\_

**WORK ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

**TEL NO:**  
\_\_\_\_\_

**\*DELETE THE STATEMENT THAT IS INAPPLICABLE:**

- A) I wish to have a full eye and eyesight test
- B) I wish to undertake a vision screening

**THE HIGHLAND COUNCIL**

***EYE AND EYESIGHT TESTING***

<b>PART A: TO BE COMPLETED BY EMPLOYEE</b>	
<b>FIRST NAME:</b>	
<b>SURNAME:</b>	
<b>JOB TITLE:</b>	
<b>SERVICE/ LOCATION:</b>	
<b>HOME ADDRESS:</b>	
<b>PART B: TO BE COMPLETED BY LINE MANAGER</b>	
The above employee has requested an eye/eyesight test within the provisions of the Display Screen Equipment Regulations.	
<b>MANAGER'S SIGNATURE:</b>	<b>JOB TITLE:</b>
<b>Date:</b>	

**PART C: TO BE COMPLETED BY OPTICIAN**

**DATE OF EXAMINATION:**

**Are corrective lenses required specifically for V.D.U work? Yes/No**

**If No, although not specifically required, would corrective lenses be of benefit for V.D.U. work along with other prescribed uses?**

**Yes/No**

**RECOMMENDED DATE FOR NEXT EXAMINATION:**

**SIGNED:**

**DATE:**

**OPTICIAN'S STAMP:**

**TO OPTICIANS:**

**The Highland Council will pay for:**

- 1) Eyesight test - actual cost;**
- AND**
- 2) Corrective lenses/appliances - to a maximum of £50**

**Please forward your bill/invoice to the appropriate employing Service of the Council. The balance to be recovered from the employee/customer at the time of the collection.**

**Please return this form with your invoice.**

**THE HEALTH & SAFETY TEAM  
HUT 4, DOCHF0UR DRIVE  
INVERNESS  
IV3 5EB**



**DISPLAY SCREEN EQUIPMENT**

**WORKSTATION SELF-ASSESSMENT CHECKLIST**

**Name:**..... **Location:**.....

**Date:**.....

**Cross-reference Workstat**

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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>									
<p><b>1. Lighting</b></p> <p>Describe the lighting at your usual workstation.</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>About right</b></td> <td><b>Too bright</b></td> <td><b>Too dark</b></td> </tr> </table> <p>Do you get distracting reflections on your screen?</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Never</b></td> <td><b>Sometimes</b></td> <td><b>Constantly</b></td> </tr> </table> <p>What control do you have over local lighting?</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Full control</b></td> <td><b>Some control</b></td> <td><b>No control</b></td> </tr> </table>	<b>About right</b>	<b>Too bright</b>	<b>Too dark</b>	<b>Never</b>	<b>Sometimes</b>	<b>Constantly</b>	<b>Full control</b>	<b>Some control</b>	<b>No control</b>
<b>About right</b>	<b>Too bright</b>	<b>Too dark</b>							
<b>Never</b>	<b>Sometimes</b>	<b>Constantly</b>							
<b>Full control</b>	<b>Some control</b>	<b>No control</b>							
<p><b>2. Temperature and humidity</b></p> <p>At your workstation, is it usually:</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Comfortable</b></td> <td><b>Too warm</b></td> <td><b>Too cold</b></td> </tr> </table> <p>Is the air around your workstation:</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Comfortable</b></td> <td><b>Too dry</b></td> </tr> </table>	<b>Comfortable</b>	<b>Too warm</b>	<b>Too cold</b>	<b>Comfortable</b>	<b>Too dry</b>				
<b>Comfortable</b>	<b>Too warm</b>	<b>Too cold</b>							
<b>Comfortable</b>	<b>Too dry</b>								
<p><b>3. Noise</b></p> <p>Are you distracted by noise from work equipment?</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Never</b></td> <td><b>Occasionally</b></td> <td><b>Constantly</b></td> </tr> </table>	<b>Never</b>	<b>Occasionally</b>	<b>Constantly</b>						
<b>Never</b>	<b>Occasionally</b>	<b>Constantly</b>							
<p><b>4. Space</b></p> <p>Describe the amount of space around your workstation:</p> <table style="width: 100%; text-align: center;"> <tr> <td><b>Adequate</b></td> <td><b>Inadequate</b></td> </tr> </table>	<b>Adequate</b>	<b>Inadequate</b>							
<b>Adequate</b>	<b>Inadequate</b>								
<b>Furniture</b>									
<b>5. Chair</b>									

Can you adjust the height of the seat?

**Yes**

**No**

Can you adjust the height and angle of the backrest?

**Yes**

**No**

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**

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**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**

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

**Yes**

**No**

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**7. Footrest**

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

**Yes**

**No**

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**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**

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**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?**

**DISPLAY SCREEN EQUIPMENT  
WORKSTATION ASSESSMENT**

Location of Workstation

Record No:

Cross-reference Self Assessment Checklist Nos:

<b>Environment</b>	<b>Yes/No</b>	<b>Comments</b>
<b>1. Space</b>		
Is there sufficient space (legal minimum 3.7m <sup>2</sup> ), with enough storage, to enable easy access to the workstation?	<input type="text"/>	<input type="text"/>
Does the space, permit reasonable variation in the position of furniture and equipment?	<input type="text"/>	<input type="text"/>
<b>2. Lighting</b>		
Is there adequate lighting for all tasks?	<input type="text"/>	<input type="text"/>
Is lighting variable to suit ambient conditions?	<input type="text"/>	<input type="text"/>
Is the lighting co-ordinated to avoid reflection and glare from falling upon the screen and other equipment?	<input type="text"/>	<input type="text"/>
Have desk lamps (or other local task lighting) been supplied where necessary?	<input type="text"/>	<input type="text"/>
<b>3. Reflections and glare</b>		
Have adjustable window blinds (or an alternative type of easily adjustable covering) been fitted?	<input type="text"/>	<input type="text"/>
Are wall surfaces designed to minimise reflections from falling upon the workstation?	<input type="text"/>	<input type="text"/>
Have other fixtures and fittings been positioned to avoid reflections upon the workstation?	<input type="text"/>	<input type="text"/>
Where the need cannot be avoided, has an appropriate screen filter been supplied?	<input type="text"/>	<input type="text"/>
<b>4. Noise</b>		
Have noisy pieces of equipment (printers, etc) been fitted with a sound attenuation hood, or been moved away from the workstation?	<input type="text"/>	<input type="text"/>
Have all other sources of noise been reduced to prevent distraction and interference with speech?	<input type="text"/>	<input type="text"/>
<b>5. Temperature</b>		
Is the temperature at the workstation comfortable?	<input type="text"/>	<input type="text"/>

Is the temperature maintained at a level that ensures operator comfort?		
Have all sources of excess heat (ie those likely to cause injury or discomfort to operators) been eliminated or suitably controlled?		

<b>Display Screen Equipment</b>	<b>Yes/No</b>	<b>Comments</b>
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<b>6. Humidity</b>		
Is there adequate level of relative humidity maintained?		

<b>7. Radiation</b>		
Is work equipment in a good state of repair, thus ensuring the minimisation of radiation, other than visible light?		

<b>8. Display Screens</b>		
Does the display screen have easily adjustable controls for brightness and contrast?		
Is it possible to easily tilt and swivel the screen?		
Does the screen stand upon an adjustable table, or is it possible to achieve the correct height by other means?		
Is the screen free of reflections or glare?		
Is the image on the screen stable and free from flicker?		
Are the characters well-defined and of adequate size, and is there adequate space between individual characters and lines of text?		
Is it possible for the operator to easily alter the position of the screen, having regard to its size and weight and electrical cabling?		

<b>9. Keyboard</b>		
Is the keyboard separate from the screen?		
Is it possible to easily adjust the angle of tilt of the keyboard?		
Are the key symbols adequately contrasted?		
Does the keyboard have a matt surface?		
Is there adequate space at the front of the keyboard to provide support for the hands and arms of the operator?		
Is the keyboard style and the arrangement of keys designed to enable ease of use?		

**10. Other equipment**

Has a document holder been provided where necessary, and is it adjustable to suit the requirements of the operator?

Has all other equipment (eg mouse, central processing unit, modem, telephone) been assessed for suitability?


<b>DISPLAY SCREEN EQUIPMENT FURNITURE</b>	Yes/No	Comments
<b>11. Work Surface</b>		
Is the desk or work surface sufficiently large to allow a flexible and comfortable arrangement of all 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?		
<b>12. Chair</b>		
Is the chair stable and does it allow easy freedom of movement?		
Is it possible to easily adjust the height of the seat, the height of the backrest and the angle of the backrest?		
<b>13. Other furniture</b>		
Has a footrest been made available?		
If display screen equipment or any peripheral equipment is placed upon shelves, cupboards, filing cabinets, etc are these secure and stable?		
<b>Operator/Computer Interface</b>		
<b>14. Software design</b>		
Is the software suitable for the task?		
Is it easy for the operator to understand how to use the software?		
<b>15. System performance</b>		
Does the system provide feedback, enabling the operator to monitor system performance?		
Have unnecessary slow system response times been eliminated?		
Is information displayed at a pace intended to be comfortable to the operator?		
Is the format in which information is displayed suitable for the operator?		
Has the operator been made aware of any quantitative or qualitative measurement of performance by the system?		

**16. Job design**

What are the hours of work for a typical day?

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<b>DISPLAY SCREEN EQUIPMENT</b>	Yes/No	Comments
<b>16. Job design (cont)</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?		
What formal breaks occur during the day?		
Have steps been taken to minimise repetitive or boring tasks, such as continual data entry?		
Where possible, have “peaks and troughs” in the workload been eliminated?		
<b>Consultation</b>		
<b>17. Worker consultation</b>		
Has the worker, or workers’ representative been consulted about health and safety issues related to the use of display screen equipment?		
Have the views of the operator been taken into account when deciding upon job design?		
<b>Information</b>		
<b>18. Information for workers</b>		
Has the worker, or workers’ representative, been given available information relating to the safe use of display screen equipment?		
Has the worker been made aware of the entitlement to eye testing, eye examination and where appropriate, provision of free corrective appliances?		
Are the arrangements for the provision of eye tests made known to the worker?		
Does the worker know the correct procedures to follow in the event of a health or safety problem arising from the use of display screen equipment?		
<b>Training</b>		
<b>19. Operator training</b>		
Has adequate training been given in the possible risks arising from the use of display screen equipment?		
Has the operator been given adequate training in how to adjust the position of furniture and equipment at the workstation?		
Is the operator encouraged to take regular breaks from		

on-screen activities?

Does the operator know how to use the brightness and contrast controls on his or her screen?

Has the operator been trained in the importance of adopting a comfortable posture at the workstation?


**DISPLAY SCREEN EQUIPMENT**

Yes/No

Comments

**19. Operator training (cont)**

Has the operator been trained in the procedures to follow where it is believed that a health and safety problem has arisen at the workstation?

Is the operator trained in how to recognise visual or postural fatigue, and how to respond?


**Any other comments?**

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Assessed by: \_\_\_\_\_  
\_\_\_\_\_

Date: