

DISPLAY SCREEN EQUIPMENT ASSESSMENT FORM

1 Nature of the job	
1.1	How much time is spent by the user at the display screen?
1.2	How complex &/or important is the information the user has to look at?
1.3	Is there a required speed of response?
1.4	Can user cope with software and adjust pace to suit his/her abilities?

2 Visual factors			
		Yes	No
2.1	Does the user have problems with vision? (e.g. headaches, focusing difficulties)	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Is display screen difficult for user to read?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Is there reflection or glare on the screen from windows and lights?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	When user looks away from screen does any part of the room seem too bright or too dark?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Is screen cleaning kit provided and regularly used?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Are brightness and contrast of screen satisfactory to user?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Is information on screen fuzzy, too small or flickering to user?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Are keyboard symbols legible for user?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken			

3 Posture and Furniture Adjustability			
		Yes	No
3.1	Does user get aches, pains or sensory loss in neck, back, shoulder or upper limbs?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Does user experience restricted movement, impaired finger movements or other disability?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Is the workstation arranged to meet the user's needs?	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Is there anything to prevent user from sitting comfortably and easily changing posture?	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Can user rest arms on desk when using the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Can chair be easily adjusted to enable user to find a comfortable position?	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Is the seat stable and adjustable for height?	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Can user's feet touch floor or footrest?	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Can keyboard and screen be adjusted to allow user to find a comfortable position?	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Is any document holder stable and properly located so that the user is comfortable using it?	<input type="checkbox"/>	<input type="checkbox"/>
Notes/Action to be taken			

4 General Safety			
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		Yes	No
4.1	Are there electrical hazards, e.g. worn or improperly connected leads?	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are there trip hazards, e.g. trailing cables?	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Is there a risk of walking into or dislodging badly positioned equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Are working surfaces adequate in strength and stability?	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Action to be taken

5 Other			
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		Yes	No
5.1	Is ventilation adequate to ensure no uncomfortable heat or draught?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Is temperature and humidity at the workstation comfortable for the user?	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Is equipment too noisy (making conversation difficult)?	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Action to be taken

6 Assessment Completed			
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Assessor:	Name:	Manager's Name:
	Signature:	Signature:
	Date:	Date:
	Workstation Location:		
	Date of next assessment:		

Analysis of Training Needs	Additional Resources Required
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