

Risk Assessment KTS.RA.005

Display Screen Equipment

Workstation Self-Assessment Questionnaire

Name	Department	Usual Workstation	Date
This questionnaire will enable you to carry			• •

This questionnaire will enable you to carry out a self-assessment of your workstation. The information that you provide will help us to ensure your comfort and safety at work. Please tick the answer that best describes your opinion of each of the questions listed. The completed form should be returned to the Senior Partner – Executive Director as soon as it has been completed.

Space						
Describe the space around your workstation (i.e. not the size of the desk):						
adequate		inadequate				
Lighting						
How bright is the lighting at your workstation?						
about right	too bright		too dark			
What control do you have over local lighting (switching lights on or off, opening/closing blinds or curtains)?						
full control	some control		no control			
Reflection and Glare						
Do you get distracting reflections on your	r screen?					
never	sometimes		constantly			
Noise						
Are you distracted by noise from work equipment?						
never	sometimes		constantly			
Temperature						
At your workstation, is it usually?						
comfortable	too warm		too cold			
Humidity						
Is the air around your workstation?						
comfortable		too dry				

Display Screen	Yes	No
Can you easily adjust the brightness and contrast between the characters on screen?		
Can the screen be tilted and swivelled?		
Is the screen image stable and free of flicker and other persistent instabilities?		
Is the screen at a height that is comfortable for you?		
Keyboard		
Can you adjust the keyboard to a comfortable angle?		
Can you easily see the symbols on the keys?		
Is there enough space to rest your hands in front of the keyboard?		
Chair		
Can you adjust the height of the seat?		
Can you adjust the height and angle of the backrest?		
Is the chair comfortable?		
Is the chair in a good state of repair?		
Desk		
Is the desk surface large enough to allow you to place all your equipment where you want it?		
Is the height of the desk suitable?		
Footrest		
If you cannot place your feet flat on the floor whilst keying, has a footrest been supplied?		
Document Holder		
If it would be of benefit to use a document holder, has one been supplied?		
If you have document holder, is it adjustable to suit your needs?		

Thank you for taking the time to complete the questionnaire. Please return the form as quickly as possible. If you would like more information about this questionnaire, or if you have any specific concerns about your health and safety, please contact the Senior Partner – Executive Director.