

# Display Screen Equipment Self-assessment Questionnaire

<b>Surname:</b>	<b>Forename:</b>
<b>Office:</b>	<b>Date:</b>

Under the Health & Safety (Display Screen Equipment) Regulations 1992, the union is required to perform a suitable and sufficient assessment of all workstations used by regular computer users. **For the purposes of the Regulations, these are users who use computers continuously for an hour or more each day.** Please read each question fully and answer by ticking either the Yes or No box.

<b>A. Training and Information</b>	<b>Yes</b>	<b>No</b>
1. Do you know how to adjust your workstation?		
2. Have you received adequate training in use of the software?		

<b>B. Posture</b>	<b>Yes</b>	<b>No</b>
1. Can you sit comfortably and easily change your posture?		
2. Can you adjust your equipment to a comfortable viewing position?		
3. Can you place your feet firmly on the floor?		

<b>C. Workstation/Work surface</b>	<b>Yes</b>	<b>No</b>
1. Have you arranged your workstation to meet your specific needs?		
2. Is there space in front of the keyboard to support your hands and forearms?		
3. Do you have sufficient legroom?		
4. Is your workstation and surrounding area free from obstructions and hazards?		
5. Does most of your work require reading from hard copy documents?		
6. If so, do you require a document holder?		

<b>D. Display Screen</b>	<b>Yes</b>	<b>No</b>
1. Is the information displayed on your screen clear and easy to read?		
2. Can the brightness and contrast be adjusted easily?		
3. Is the image on the screen stable and free from flicker?		
4. Is your workstation free from reflected glare?		
5. Does the monitor swivel adequately in each direction?		

<b>E. Keyboard</b>	<b>Yes</b>	<b>No</b>
1. Is the keyboard separate from the screen?		
2. Can the tilt of the keyboard be altered/adjusted?		
3. Are the key symbols easy to read?		
4. Does the keyboard have a matt surface to avoid reflected glare?		

<b>F. Work chair</b>	<b>Yes</b>	<b>No</b>
1. Is the chair comfortable and can the height and backrest be adjusted?		
2. Can all adjustments be made easily and safely?		

<b>G. Lighting</b>	<b>Yes</b>	<b>No</b>
1. Has your equipment been situated to avoid direct glare?		
2. Does the lighting allow you to work comfortably?		

<b>H. Other Comments</b>	<b>Yes</b>	<b>No</b>
1. Do you know who to contact if you experience problems with your workstation?		
2. Are there any other issues you wish to raise about your workstation?		
3. If Yes to question 2, please give further details on a separate sheet:		

<b>I. Eyesight</b>	<b>Yes</b>	<b>No</b>
1. Do you require an eyesight test?		

Signed by staff member:	Print Name:	Date:

<b>Action Required:</b> To be completed by Regional Officer:	Date:	
Signed by Regional Officer:	Print Name:	Date: