

SANDWELL HOME & HOSPITAL TUITION SERVICE

DSE Workstation Risk Assessment

This assessment should be completed by the DSE "user". It should then be passed to your Line Manager for checking and counter-signature.

Name: _____

Location: _____

VDU Model/Type: _____

Type of Worker – Please Indicate (see main text for definitions)

- | | |
|--|--------------------------|
| Office-based | <input type="checkbox"/> |
| Full time working at Albright Education Centre / Sandwell Hospital | <input type="checkbox"/> |
| Working Home Tuition & in Centre (2 assessments needed, one for each location) | <input type="checkbox"/> |

Please tick the appropriate box

Display

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the screen display clear, with characters well defined? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the image stable, with no flickering or instability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the brightness and contrast easily adjustable by the user? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can the screen swivel and tilt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can the screen rest elsewhere other than on the processor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the screen free from reflection and glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a screen cleaning kit readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the screen's specification suitable for its intended use? | <input type="checkbox"/> | <input type="checkbox"/> |

Keyboard

- | | | |
|--|--------------------------|--------------------------|
| 1. Can the angle of the keyboard be adjusted; is it separate from the screen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate space in front of the keyboard to rest hands? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a matt surface to avoid glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the layout and contour of keys on the keyboard comfortable to use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the symbols on the keys easy to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For lap-top users is a docking station with separate keyboard, mouse and screen provided? | <input type="checkbox"/> | <input type="checkbox"/> |

Mouse, Trackball etc

	Yes	No
1. Is the mouse or trackball suitable for the tasks it is used for?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there support for the user's wrist and forearm?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the device work smoothly at a speed that suits the user?	<input type="checkbox"/>	<input type="checkbox"/>

Software

1. Is the software suitable for the task?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is specialist software required (for example, voice activated equipment)?	<input type="checkbox"/>	<input type="checkbox"/>

Furniture

1. Is the work surface large enough to allow flexible arrangement of screen keyboard, documents etc.?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are surfaces free from glare and reflectance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a need for a document holder?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there adequate space for users to find a comfortable position (for example, are there obstructions, is there adequate leg room)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the chair have:		
Seat back height and tilt adjustment?	<input type="checkbox"/>	<input type="checkbox"/>
Seat height adjustment?	<input type="checkbox"/>	<input type="checkbox"/>
Swivel mechanism?	<input type="checkbox"/>	<input type="checkbox"/>
Castors or glides?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the chair afford good posture?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the chair adjusted correctly while in use?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the chair accommodate the weight of the person using it? (Is he/she over 100 kg (16 stone) as indicated in HSG57?)	<input type="checkbox"/>	<input type="checkbox"/>

Environment

1. Is there sufficient room for the user to change position?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there lighting suitable for the mix of work?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is glare a problem?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there adequate contrast between screen and background?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there adjustable window coverings?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are levels of heat/humidity comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are levels of noise acceptable?	<input type="checkbox"/>	<input type="checkbox"/>

Eyesight

1. Has an eye test been carried out?	<input type="checkbox"/>	<input type="checkbox"/>
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Other Considerations

Yes No

Summary of Requirements

	Yes	No		Yes	No
1. New Table	<input type="checkbox"/>	<input type="checkbox"/>	7. New printer or Acoustic cover	<input type="checkbox"/>	<input type="checkbox"/>
2. New Chair	<input type="checkbox"/>	<input type="checkbox"/>	8. Screen Cleaning kit	<input type="checkbox"/>	<input type="checkbox"/>
3. Window Blinds	<input type="checkbox"/>	<input type="checkbox"/>	9. Mouse Mat	<input type="checkbox"/>	<input type="checkbox"/>
4. Anti-Glare Screen	<input type="checkbox"/>	<input type="checkbox"/>	10. Software	<input type="checkbox"/>	<input type="checkbox"/>
5. Foot Stool	<input type="checkbox"/>	<input type="checkbox"/>	11. Trackball	<input type="checkbox"/>	<input type="checkbox"/>
6. Document Holder	<input type="checkbox"/>	<input type="checkbox"/>	12. Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Detail of Specific Requirements

Record of any Changes or Alterations to Workstation

Signing

I confirm that I have reviewed my workstation assessment annually or when changes to my workstation occur. I undertake to inform my line manager if I experience any health problems which may be associated with the use of the workstation.

DSE User

Name of user conducting assessment (*please print*): _____

Signature of user: _____

Post held (*please print*): _____

Date assessment carried out _____ Re-assessment date (maximum 1 year) _____

Line Manager

Name of Line Manager who has checked workstation (*please print*): _____

Signature of Line Manager: _____

Date workstation check carried out _____

If the user has reported any problems these should be raised with the relevant Line Manager.

Once this assessment has been completed it may be necessary to compile a report of outstanding requirements for consideration by senior management. Priorities should be identified based on the results of the assessments completed within the section.

REMEMBER - KEEP THIS RECORD ACCESSIBLE AND UPDATE IT AS REQUIRED.

Record of Equipment Purchases

Date: _____

Action:

Any outstanding requirements:

Review of Workstation

Date: _____

Assessment changes:

Action:

Date: _____

Assessment changes:

Action:

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SANDWELL HOME & HOSPITAL TUITION SERVICE
Eye Examination for DSE Users

Part A: To be completed by the employee

Name: _____ Payroll Number: _____
 Post: _____ Location: _____
 Date of test: _____

Part B: To be completed by the Optometrist

*The above named employee of Sandwell Home & Hospital Tuition Service is required to use Display Screen Equipment in the course of their duties. The following information is required to determine whether, in appropriate cases, the Council is to pay for the cost of corrective spectacles **prescribed solely for use with DSE.***

Does the employee require spectacles to be provided with a special prescription SOLELY for use with DSE, for example mid distance?	Yes <input type="checkbox"/> <small>YES</small>	No <input type="checkbox"/> <small>NO</small>	N/A <input type="checkbox"/>
If the employee already has a pair of spectacles SOLELY for use with DSE, is a change in his/her current prescription required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

On _____ (date) I conducted an eye test on the above person in accordance with statutory requirements and the Association of Optometrists' recommendations.

Eyesight Test:	Cost:	£
Spectacles required solely for DSE use:	Lenses:	£
	Frames:	£
	Total cost:	£

Signed: _____ Name _____
 Practice: _____ GOC. Registration No _____

Part C: To be completed by Line Manager

I hereby authorise reimbursement of £..... to the above named employee which represents the cost of an eyesight test and/or spectacles required SOLELY for DSE use.

Name: _____ Signature: _____
 Date: _____