# Display Screen Equipment

## Setting up a Workstation – Risk Assessment by the Employer (or Health and Safety representative)

This risk assessment is suited to employees classed as VDU users i.e. people who habitually use a VDU for continuous or near-continuous spells of an hour or more at a time and use it in this way more or less daily.

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|  | **Yes** | **No** |
| **Workspace (workstation and surrounding environment)** | | |
| Is there sufficient desk space for flexible arrangement of the screen, keyboard, documents and related equipment? |  |  |
| Is there sufficient space under the desk to move legs freely? |  |  |
| Are there any trailing cables or other safety hazards around the workstation? |  |  |
| Is there sufficient room surrounding the workstation for the employee to change position comfortably? |  |  |
| Is the chair adjustable (seat height; backrest height and tilt)? |  |  |
| Does the chair have full swivel action? Is it stable, i.e. does it have 5 or more legs on castors? |  |  |
| Is the lighting adequate? |  |  |
| Is the workstation positioned to avoid glare and reflections? |  |  |
| Are the temperature and humidity at a comfortable level? |  |  |
| Is noise at a comfortable level? |  |  |
| **Display Screen Equipment (display screen, keyboard and mouse)** | | |
| Is the screen image clear and stable with no flickering, and can it be tilted and swivelled? |  |  |
| Is the screen text of a comfortable size to read? |  |  |
| Is the brightness and contrast easily adjustable and suitable for ambient lighting? |  |  |
| Is the screen free from glare and reflections? |  |  |
| Are blinds provided to minimise glare and reflections and are they effective? |  |  |
| Is the screen positioned as far away as possible while still being able to be read clearly? |  |  |
| Is there enough space to rest hands comfortably in front of the keyboard? |  |  |
| Is the keyboard comfortable to use? |  |  |
| Is the keyboard tiltable and separate from the screen? |  |  |
| Is the mouse or track ball suitable for the task? |  |  |
| Does the mouse or track ball work smoothly and at a suitable speed? |  |  |

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| **Comfort of the User** | | |
| Can the chair and screen be adjusted so: |  |  |
| the top line of the screen is no higher than eye level? |  |  |
| the user’s head is level, back is straight and lower back is comfortably supported? |  |  |
| forearms are parallel with the floor and wrists are straight? |  |  |
| feet rest on the floor without pressure on the back of the legs, |  |  |
| Is a footrest required? |  |  |
| Is a document holder required? |  |  |
| Is a wrist rest required? |  |  |
| **General** | | |
| Has the user received training for setting up a workstation and using display screen equipment? |  |  |
| Has the user received information relevant to using display screen equipment [e.g. Working with Display Screen Equipment (DSE). Health and Safety Executive (2013); [www.hse.gov.uk/pubns/indg36.pdf](http://www.hse.gov.uk/pubns/indg36.pdf)]? |  |  |
| Is the user aware that breaks from display screen work are advisable? Does he/she have the opportunity to vary his/her activities to break from DSE work? |  |  |
| Is the user aware that eyesight tests can be requested, and the basic cost of spectacles can be met by the Practice if required for display screen work? |  |  |
| Does the user have any individual needs or has he/she experienced any adverse health-related symptoms associated with Display Screen Equipment? |  |  |
| Is the workstation set-up suitable for this individual and their job? |  |  |

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| Name of staff member |  |
| Name of risk assessor |  |
| Date of assessment |  |
| Details of any changes required |  |
| Notes |  |
| Review date (if changes required) |  |

## Risk Assessment For Staff

If you tick a response in a shaded box, make changes to correct the problem or consult your Practice Health and Safety representative to discuss ways of correcting the problem.

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|  | **Yes** | **No** |
| **Taking Care of Your Body – Stretching and Adopting Good Posture** | | |
| Do you keep the items you use most often close at hand so you can avoid over stretching, reaching or awkward postures? |  |  |
| Is there sufficient space under your desk and is it free of obstacles (boxes, bags, equipment, etc.), so you can move your legs freely? |  |  |
| Have you adjusted the height of your chair so your forearms are parallel with the floor and your wrists are straight when you use your computer? |  |  |
| Have you positioned the height of your chair so that your head is level and your back is comfortably supported? |  |  |
| Have you adjusted the height of your chair so your feet can rest comfortably on the floor? |  |  |
| Do you check your posture periodically to ensure you are relaxed and upright and not slouching forward, leaning back or adopting awkward postures? |  |  |
| Do you take frequent short breaks away from the computer, vary your physical activities throughout the day and stretch your body, hands, shoulders and neck to reduce tension and loosen muscles? |  |  |
| **Looking After Your Hands, Arms and Wrists** | | |
| When using your mouse, do you position it close to your keyboard to avoid over stretching and creating tension in your neck and arms? |  |  |
| When using the keyboard or mouse, do you keep your wrists in a natural straight position and avoid bending, arching or angling your wrists? |  |  |
| Do you relax your hands and fingers when typing and avoid banging down on the keys or squeezing the mouse too hard? |  |  |

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| **Looking After Your Eyes** | | |
| Have you located your screen at a comfortable angle and viewing distance with the top line of the display no higher than your eye level and the screen positioned as far away as possible while still being able to read the screen clearly? |  |  |
| Have you used the tilting feature on the monitor to place your screen in the best position away from any sources of glare or bright reflection? |  |  |
| Do you regularly adjust the brightness and contrast controls on your monitor to improve character and image quality? |  |  |
| Do you regularly give your eyes a break, by looking away from the screen and focusing on something at a distance? |  |  |
| **Looking After Yourself and Your Computer** | | |
| Do you have any problems with your computer (damage to supply cables or plugs, overheating, flickering or blurred screen?) *If yes, report the problem immediately.* |  |  |
| Do you experience any physical discomfort in relation to the use of your computer (headaches, eye irritation, pain in the shoulders, neck, back, wrists or hands)? *If yes, tell your employer and your Practice Health and Safety representative.* |  |  |
| Do you regularly experience periods of tiredness and fatigue? *If yes, remember to take sufficient short frequent breaks and vary the physical activities that you do throughout the day.* |  |  |
| Do you regularly clean your screen, monitor and keyboard with appropriate cleaning materials? *Remember you must switch off all equipment prior to cleaning.* |  |  |
| Do you eat or drink close to the equipment? *Remember any spillage on or around the equipment could result in a serious accident and/or damage to the equipment.* |  |  |