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Computer Screen	Assessment Form
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Assessor:	Date:
Job Title:	Assessment Date:

Assessment location:	Person:	How much time does the user spend using a screen per day/in one go?
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Does the user have any health issues?	Average	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
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Hz No	Potential hazard description	Describe the hazard	Is there anything else that needs to be done?
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1. Environment

1.1	Is the lighting sufficient? Is it natural light or artificial?		
1.2	Does it cause glare? Do you have enough shade? Does the sun blind you at different times of the day?		
1.3	Where are you working? In an office with normal levels of background noise? In or near a noisy manufacturing workshop? On a building site? In your car/van?		

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1.4	Is the noise an issue?		
1.5	Is the general temperature in your workplace suitable for you? Is it too hot/cold? Does it change during the day? Do you have portable heaters? Are they adequate?		
1.6	Does air conditioning dry the air?		
1.7	Are there enough power sockets for the IT equipment you use? Are there extension leads that could cause you or anyone to trip? Are trailing leads enclosed in cable guards?		

2. Your desk/work station

2.1	Is the desk/bench etc the right height for you? Can it be adjusted to suit?		
2.2	Is it large enough for the work you do? Can the monitor be positioned to suit your needs? Is there enough room for you to use a mouse/pointer?		
2.3	Is it deep enough to allow you to rest your forearms? See Section 3.		

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Hz No	Potential hazard description	Describe the hazard	Is there anything else that needs to be done?
2.4	Do you have a 'normal' office chair or a specialist type? ie 'saddle' or 'kneeling'		
2.5	Can your chair be adjusted for height, tilt etc? Does it have casters? Is it stable or does it tip when you sit on it?		
2.6	Does it have built in lumbar support? Do you need lower back support?		
2.7	Can you place your feet flat on the floor? Is it comfortable for you? Do you need to have your legs/feet raised?		Consider a footrest
2.8	When working, are your wrists and forearms supported? Are they raised?		
2.9	Do your arms/wrists ache after working for a period of time?		
2.10	Can you stop using a screen to rest your eyes and arms or is your job process driven?		
2.11	Do you have a desk lamp to provide topical light where you need it?		

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2.12	Is it adjustable, suitable for your needs?		

3. Screen and Keyboard

3.1	Do you have a flat screen monitor? Do you use a laptop or tablet?		
3.2	Can it be positioned closer/farther away from you as needed?		
3.3	Can you adjust the tilt to suit your height/eyeline?		
3.4	Do you have/need an anti-glare filter?		
3.5	Do you have a standard keyboard or an ergonomic 'shaped' one?		
3.6	When using a desktop monitor, is the top of your screen approximately level with your eyes? Is it just below eyes?		
3.7	Are you able to place your laptop /tablet in a comfortable position?		

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3.8	Are the background colours/ default font sizes suitable for you? Do you know how to change them? Are you allowed to change them?		
3.9	Is the screen suitable for the work you are doing? Do you need to concentrate on the screen for long /short periods of time?		
3.10	Is the screen large enough for the work you do – hi definition graphics or typing/spreadsheets?		

4. Mouse

4.1	Is the mouse the right size for your hands?		
4.2	Can it be set up for left/right hand use?		
4.3	Do you use a mat? Do you need one?		
4.4	Is your mouse wired or Bluetooth? Does the wire get in the way?		

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Anything else

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