

Filled by User/Employee			Assessor			
		nswer	Action to take			
Risk factors	Yes	No	Action to take			
1. Keyboards						
Is the keyboard separate from the screen?						
Does the keyboard tilt?						
Is it possible to find a comfortable keying position?						
Are the characters clear and readable?						
2. Mou	ise					
Is the device suitable for the tasks it is used for?						
Is the device positioned close to the user?						
Is there support for the device user's wrist and						
forearm?						
Does the device work smoothly at a speed that suits						
the user?						



Risk factors		nswer	Assessor			
Yes No 3. Display screens						
Are the characters clear and readable?						
Health and safety						
Health and safety						
Is the text size comfortable to read?						
Is the image stable, ie free of flicker and jitter?						
Is the screen's specification suitable for its intended use?						
Are the brightness and/or contrast adjustable?						
Does the screen swivel and tilt?						
Is the screen free from glare and reflections?						



Risk factors	Tick A	Inswer	Assessor				
KISK JUCIOIS	Yes	No	Assessui				
3. Furniture							
Is the work surface large enough for all the necessary equipment, papers etc?							
Can the user comfortably reach all the equipment and papers they need to use?							
Is the chair suitable? Is the chair stable?							
Is the chair adjusted correctly?							
Is the small of the back supported by the chair's backrest?							
Are forearms horizontal and eyes at roughly the same height as the top of the Display Screen Equipment?							
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?							



Risk factors	Tick Al		Assessor			
6. Enviror		No				
Is there enough room to change position and vary						
movement? Is the lighting suitable, eg not too bright or too dim						
to work comfortably?						
Is your equipment/working environment quiet enough so you can work and conduct a normal conversation without distraction?						
Is the temperature in the office generally suitable for comfortable working?						
7. Further q	uestions					
Do you experience headaches while working at your computer?						
Do you experience neck/back aches or pain while working at your computer?						
Do you experience aches or pains in your legs or feet while working at your computer?						
Do you experience stress or tension while at work?						
Do you experience dry/sore eyes while working at your computer?						
Are you aware of Flashbay's policy regarding eyesight testing?						
Are there any other health and safety issues you wish to raise concerning use of your workstation or workplace? Please also include information related to any special requirements you believe may be applicable to you.						
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Employee's signature: Assessor's signature:

Date: