

Individual Workstation Assessment Form for Computer Users



This form is intended for the use of NIG customers. Please note that the form is not intended to be fully comprehensive and may well require other inclusions due to the nature of your specific trade/activities/ premises, etc. It is your duty to ensure compliance with the relevant legislation. Should you have any uncertainties in this regard we recommend that you consult the appropriate Regulations or seek expert help before using this tool.

Name of Employer/Company

Name of Employee:

Address of Employee:

Employees working location

General Details

Reason for assessment: (e.g. general assessment, changes in workstation or office layout, etc.):

Job title and brief details of work undertaken:

Period job held & whether full or part time worker

Employees General State of health /fitness relevant to this assessment:
(e.g. any repetitive strain injuries or susceptibilities, etc.)

Detail any previous training and instruction in relation to display screen equipment, including details of the instructor and the date the training was provided (Note training should be provided prior to the individual assessment form being completed)

Individual Assessment form (under) completed by:

on (date):

Remedial Action required following assessment:

(detail or cross reference to individual assessment form under)

Authorised by:

with following time scales:

on (date)

Review of assessment due:

Individual Assessment Form

Risk Factors	Yes	N/A	No	If No, Detail Suggested Action Or Remedial Action	Comments/Remedial Action Completed
Equipment - Display Screen					
Is the display screen image clear?					
Are the characters readable/of adequate size?					
Is the image flicker & movement free?					
Is brightness and contrast adjustable?					
Can the screen swivel & tilt?					
Is the screen free of glare & reflection?					
Are adequate blinds provided where needed?					
Is the screen at the correct height?					
Is the screen of adequate size for the work?					
Equipment - Keyboards					
Is this a separate unit (requirement unless a laptop)?					
Is the keyboard tiltable?					
Is the keyboard glare free?					
Are the key characters readable?					
Is there enough space in front to rest hands?					
Is the keyboard and keying position comfortable to the user?					
Is the users keyboard technique satisfactory?					

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Risk Factors	Yes	N/A	No	If No, Detail Suggested Action Or Remedial Action	Comments/Remedial Action Completed
Equipment - Mouse, Trackball Etc.					
Is the mouse, trackball etc suitable and comfortable for the user, working correctly, etc?					
Is the mouse, etc correctly used close to the users body?					
Is a mouse pad provided where appropriate?					
Is the users wrist and forearm supported?					
Software					
Has the user had appropriate training in use of the software and is it suitable for the tasks?					
Equipment					
Does the furniture fit the work & user/can the user reach all items they need to use?					
Is the work surface large enough for documents and computer equipment?					
Is there adequate space under/around the desk and enough room to vary movements?					
Is the surface glare free?					
Is the chair suitable, stable & free to move?					
Is it adjustable in back rest height, tilt, & seat height?					
Is the chair set up correctly to allow sufficient back support and correct posture/position of the user?					
Is the user comfortable without a foot rest?					
If head 'phones are used, are they comfortable, do they have volume controls & are hygiene arrangements satisfactory?					
Is the user comfortable without a document holder?					
Is the user comfortable with a regular 'phone?					

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Risk Factors	Yes	N/A	No	If No, Detail Suggested Action Or Remedial Action	Comments/Remedial Action Completed
Environment					
Is the lighting adequate & comfortable?					
Are levels of noise comfortable?					
Are temperature levels comfortable?					
Are humidity levels adequate?					
Is ventilation adequate?					
User Questions:					
Has the user been told about their entitlement to eye/eyesight tests?					
Has the user been free of discomfort and any other health problems which may be associated with the workstation, ancillary equipment, software etc.? If no please detail:					
Does the user take regular breaks working on other activities away from the computer, i.e. is there a work rest routine?					
Has the assessment covered all the problems the user has with working with their computer and its ancillary equipment? If no please detail:					