

"Working with Desktop Computers" Safety and Ergonomics Questionnaire

1. Please answer the following questions as **honestly** as you can.
2. If **further guidance** is required then **hold the cursor over the question** and a help box will appear.
3. Please do not use this questionnaire to **"complain"** about **personal grievances** - address these to your manager.
4. Please contact your line manager for clarification of any point.

Before you complete this questionnaire, please read the FAQs on this webpage:
<http://www.hse.gov.uk/msd/faq-dse.htm>

A full guidance document can be downloaded from this link: <http://www.hse.gov.uk/pubns/indg3>

Please complete **all** the yellow boxes and then go on to complete the Questionnaire

Type of computer	Desktop Computer <input type="button" value="v"/>	Date questionnaire issued:	
	Desktop Computer	Date returned:	

Your Name	
Telephone Number	
Job Title	
Dept or Building	
Name of your direct manager	

Average number of hours spent working on your computer per day (numbers only, no text)

Maximum hours spent working on your computer per day

Questionnaire - Please select one of the three options for each question. If further guidance is required then hold the cursor over the question and a help box will appear.

1	THE SCREEN	N/A	YES
1.1	Can you read the text and characters easily?	<input type="radio"/>	<input checked="" type="radio"/>
1.2	Can you adjust the brightness and contrast of your screen?	<input type="radio"/>	<input checked="" type="radio"/>
1.3	Can you easily adjust your screen to a comfortable angle?	<input type="radio"/>	<input checked="" type="radio"/>
1.4	Is the screen at such a height that you don't have to move your head and neck more than necessary?	<input type="radio"/>	<input checked="" type="radio"/>
1.5	Is the screen angled away from reflections (windows/lights etc.)?	<input type="radio"/>	<input checked="" type="radio"/>
1.6	Is your screen free from flickering?	<input type="radio"/>	<input checked="" type="radio"/>
1.7	Do you know how to clean your screen properly?	<input type="radio"/>	<input checked="" type="radio"/>

2 THE KEYBOARD AND MOUSE		N/A	YES
2.1	Is the keyboard moveable and able to tilt?	<input type="radio"/>	<input checked="" type="radio"/>
2.2	Are the symbols on the keys clear?	<input type="radio"/>	<input checked="" type="radio"/>
2.3	Does the keyboard currently have a matt finish?	<input type="radio"/>	<input checked="" type="radio"/>
2.4	Is the bottom row of keys at elbow height?	<input type="radio"/>	<input checked="" type="radio"/>
2.5	Are wrists straight when using the keyboard?	<input type="radio"/>	<input checked="" type="radio"/>
2.6	Do all the keys work properly?	<input type="radio"/>	<input checked="" type="radio"/>
2.7	Is the keyboard comfortable to use?	<input type="radio"/>	<input checked="" type="radio"/>
2.8	Does your mouse work properly?	<input type="radio"/>	<input checked="" type="radio"/>
2.9	Is your mouse comfortable to use?	<input type="radio"/>	<input checked="" type="radio"/>

3 THE DESK		N/A	YES
3.1	Is there enough desk area to work comfortably?	<input type="radio"/>	<input checked="" type="radio"/>
3.2	Is there enough area in front of the keyboard to support your hands/ wrists?	<input type="radio"/>	<input checked="" type="radio"/>
3.3	Do you have sufficient leg room on the underside of your desk?	<input type="radio"/>	<input checked="" type="radio"/>
3.4	Is the gap under your desk wide enough for your legs?	<input type="radio"/>	<input checked="" type="radio"/>
3.5	Is the space under your desk deep enough for your legs?	<input type="radio"/>	<input checked="" type="radio"/>
3.6	Is there sufficient room for your feet under the desk?	<input type="radio"/>	<input checked="" type="radio"/>
3.7	Is the desk top at the right height for you to work comfortably?	<input type="radio"/>	<input checked="" type="radio"/>
3.8	Is the desk free of sharp edges or splinters that dig into you?	<input type="radio"/>	<input checked="" type="radio"/>
3.9	If you do copy typing do you have an adjustable document holder?	<input type="radio"/>	<input checked="" type="radio"/>
3.10	Is the surface of the desk free from uncomfortable glare and reflection?	<input type="radio"/>	<input checked="" type="radio"/>
3.11	Is the desk strong enough for its purpose, and is it free from undesirable movement (sagging, rocking etc.)?	<input type="radio"/>	<input checked="" type="radio"/>

4 STORAGE		N/A	YES
4.1	Do you have adequate storage space or shelving?	<input type="radio"/>	<input checked="" type="radio"/>

5 THE CHAIR		N/A	YES
5.1	Does the chair swivel freely from side to side?	<input type="radio"/>	<input checked="" type="radio"/>
5.2	Does the chair have a minimum of 5 castors?	<input type="radio"/>	<input checked="" type="radio"/>
5.3	Is the chair comfortable in use?	<input type="radio"/>	<input checked="" type="radio"/>
5.4	Do you know how to adjust your chair properly?	<input type="radio"/>	<input checked="" type="radio"/>
5.5	Is the chair adjustable to a comfortable height for your work?	<input type="radio"/>	<input checked="" type="radio"/>
5.6	Is the chair's backrest adjustable in height and tilt?	<input type="radio"/>	<input checked="" type="radio"/>
5.7	When your chair is adjusted properly, can you place your feet flat on the floor or on a footrest?	<input type="radio"/>	<input checked="" type="radio"/>
5.8	Does the arrangement of your work station allow you to sit up straight to use the computer?	<input type="radio"/>	<input checked="" type="radio"/>

6	WORKSTATION ENVIRONMENT	N/A	YES
6.1	Do you have enough space to change position/vary movement?	<input type="radio"/>	<input checked="" type="radio"/>
6.2	Is the office free from damaged electrical sockets or trailing cables that can be tripped over?	<input type="radio"/>	<input checked="" type="radio"/>
6.3	Is the temperature and humidity generally comfortable?	<input type="radio"/>	<input checked="" type="radio"/>
6.4	Is your workspace free from regular uncomfortable draughts?	<input type="radio"/>	<input checked="" type="radio"/>
6.5	Noise levels - Under normal conditions is your work area free from noisy printers, ringing telephones or loud conversations?	<input type="radio"/>	<input checked="" type="radio"/>

7	LIGHTING	N/A	YES
7.1	Are the office lights suitable and free from excessive glare?	<input type="radio"/>	<input checked="" type="radio"/>
7.2	Do the windows in your office have effective adjustable blinds?	<input type="radio"/>	<input checked="" type="radio"/>
7.3	Ceilings should be a lighter colour than the walls or partitions, which should be lighter than the floor. Is this true for your office?	<input type="radio"/>	<input checked="" type="radio"/>
7.4	Are walls/partitions moderately light in colour (i.e. pastel shade)?	<input type="radio"/>	<input checked="" type="radio"/>
7.5	Is the lighting arranged so it does not cause dark corners or "gloom"?	<input type="radio"/>	<input checked="" type="radio"/>
7.6	Is the lighting arranged so that it is not too bright, causing glare?	<input type="radio"/>	<input checked="" type="radio"/>
7.7	If you require a personal desk lamp, do you have one?	<input type="radio"/>	<input checked="" type="radio"/>

8	WORK PRACTICES	N/A	YES
8.1	Do you generally take a 5 minute break from keyboard work at least once per hour of unbroken use?	<input type="radio"/>	<input checked="" type="radio"/>
8.2	Do you think you have had adequate information, instruction and training to allow you to set your workstation up safely?	<input type="radio"/>	<input checked="" type="radio"/>
8.3	Do you find your software reasonably easy to use?	<input type="radio"/>	<input checked="" type="radio"/>
8.4	If you normally wear spectacles, or have any eye trouble, have you had an eye test within the last 2 years?	<input type="radio"/>	<input checked="" type="radio"/>

-> please note change of order of YES / NO <-

9	HEALTH	N/A	NO
9.1	Do you get sore/irritated/"pins-and-needles" hands, wrists or fingers whilst working, in the evenings or at weekends?	<input type="radio"/>	<input checked="" type="radio"/>
9.2	Do you get neck/back/head ache regularly at work?	<input type="radio"/>	<input checked="" type="radio"/>

10 OTHER COMMENTS OR PROBLEMS

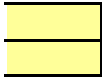
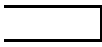
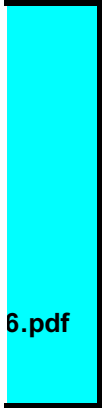
Please use this box to specify any other issues or concerns not covered in the above questionnaire, comment on your answers.

Assuming you have answered all the questions correctly, the likelihood of you not suffering from health affects arising from computer work is:

100%



Questionnaire



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NO

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Questionnaire

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Questionnaire

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YES
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or to

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Questionnaire

**"Working with Desktop Computers" Safety and Ergonomics Assessment
Safety and Ergonomics Assessment Report**

Name	0
Manager	0
Computer Type	Desktop Computer

Job Title	0
Telephone Number	0
Dept or Building	0
Average Hours	0
Maximum Hours	0

Risk Rating	Score
Very Low	100%
<p align="center">Key</p> <p>Very High = 0 to 40%</p> <p>High = 41 to 60%</p> <p>Medium = 61 to 80%</p> <p>Low = 81 to 94%</p> <p>Very Low = 91 to 100%</p>	

Section
1. The Screen
2. Keyboard
3. Desk
4. Storage
5. Chair
6. Environment
7. Lighting
8. Work practices
9. Health

(*the

School Safety Officer Comments

Date:

Signature:

Reviewed - Date:

Signature

ITEMISED REPORT OF ASSESSMENT FINDING

Section 1 The Screen

1.1 OK
1.2 OK
1.3 OK
1.4 OK
1.5 OK
1.6 OK
1.7 OK

Section 2 The Screen

2.1 OK
2.2 OK
2.3 OK
2.4 OK
2.5 OK
2.6 OK
2.7 OK
2.8 OK
2.9 OK

Section 3 The Desk

3.1 OK
3.2 OK
3.3 OK
3.4 OK
3.5 OK
3.6 OK
3.7 OK
3.8 OK
3.9 OK
3.10 OK
3.11 OK

Section 4 The Desk

4.1 OK

Section 5 The Chair

5.1 OK
5.2 OK
5.3 OK
5.4 OK
5.5 OK
5.6 OK
5.7 OK
5.8 OK

Section 6 Workstation Environment

6.1 OK
6.2 OK
6.3 OK
6.4 OK
6.5 OK

Section 7 Lighting

- 7.1 OK
- 7.2 OK
- 7.3 OK
- 7.4 OK
- 7.5 OK
- 7.6 OK
- 7.7 OK

Section 8 Work Practices

- 8.1 OK
- 8.2 OK
- 8.3 OK
- 8.4 OK

Section 9 Health

- 9.1 OK
- 9.2 OK

Section 10 Operator's own comments and problems

0

Report

Weighted Score*
100%
100%
100%
100%
100%
100%
100%
100%
100%

(higher the score, the better)

is

