



# Falcon Foodservice Equipment Display Screen Risk Assessment

## SELF ASSESSMENT CHECKLIST

Name: \_\_\_\_\_ Employee No : \_\_\_\_\_

Department: \_\_\_\_\_ User ID \_\_\_\_\_ Date: \_\_\_\_\_

The completion of this checklist will enable you to carry out a self assessment of your own workstation. Your views are essential in order to enable us to achieve our objective of ensuring your comfort and safety at work. Please circle the answer that best describes your opinion, for each of the questions listed. The form should be completed asap and returned to \_\_\_\_\_.

### Environment

#### 1. *Lighting*

a. Describe the lighting at your usual workstation.

about right                      too bright                      too dark

b. Do you get distracting reflections on your screen?

never                      sometimes                      constantly

c. What control do you have over local lighting?

full control                      some control                      no control

#### 2. *Temperature and humidity*

a. At your workstation, is it usually:

comfortable                      too warm                      too cold

b. Is the air around your workstation:

comfortable                      too dry

#### 3. *Noise*

Are you distracted by noise from work equipment?

never                      occasionally                      constantly

#### **4. Space**

**Describe the amount of space around your workstation.**

adequate

inadequate

### **Furniture**

#### **5. Chair**

**a. Can you adjust the height of the seat?**

yes

no

**b. Can you adjust the height and angle of the backrest?**

yes

no

**c. Is the chair stable?**

yes

no

**d. Does it allow movement?**

yes

no

**e. Is the chair in a good state of repair?**

yes

no

**f. If your chair has arms, do they get in the way?**

yes

no

#### **6 Desk**

**a. Is the desk surface large enough to allow you to place all your equipment where you want it?**

yes

no

**b. Is the height of the desk suitable?**

yes

too high

too low

**c. Does the desk have a matt surface (non-reflectant)?**

yes

no

#### **7 Footrest**

**If you cannot place your feet flat on the floor whilst keying, has a footrest been supplied?**

yes

no

## **8 Document Holder**

- a. If it would be of benefit to use a document holder, has one been supplied?  
yes                      no
- b. If you have a document holder is it adjustable to suit your needs?  
yes                      no

## **Display Screen Equipment**

### **9 Display Screen**

- a. Can you easily adjust the brightness and the contrast between the characters on screen and the background?  
yes                      no
- b. Does the screen tilt and swivel freely?  
yes                      no
- c. Is the screen image stable and free from flicker?  
yes                      no
- d. Is the screen at a height which is comfortable for you?  
yes                      no

### **10 Keyboard**

- a. Is the keyboard separate from the screen?  
yes                      no
- b. Can you raise and lower the keyboard height?  
yes                      no
- c. Can you easily see the symbols on the keys?  
yes                      no
- d. Is there enough space to rest your hands in front of the keyboard?  
yes                      no

### **11 Software**

- Do you understand how to use the software?  
yes                      no

## **12 Training**

- a. Have you been trained in the use of your workstation?  
yes                      no
- b. Have you been trained in the use of your software?  
yes                      no
- c. If you were to have a problem relating to display screen work, would you know the correct procedures to follow?  
yes                      no
- d. Do you understand the arrangements for eye and eyesight tests?  
yes                      no

## **Health**

- a. Do you ever suffer from pain/discomfort in your hands/wrists?  
Never                      Sometimes                      Constantly
- b. Do you ever suffer from pain/discomfort in your elbows/shoulders?  
Never                      Sometimes                      Constantly
- c. Do you ever suffer from pain/discomfort in your back?  
Never                      Sometimes                      Constantly

## **ANY OTHER COMMENTS**

**Please Sign : ..... and Date : .....**