

CHILTERN TRANSPORT

WORKSTATION ASSESSMENT CHECKLIST

Name:

Date:

The following is a self-assessment of your own workstation. Your views enable us to ensure your comfort and safety at work. Please tick the box that best describes your opinion, for each of the questions listed.

1. LIGHTING

Is the lighting at your usual workstation adequate?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Are there distracting reflections on your screen?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
	occasionally	<input type="checkbox"/>
Do you have control over local lighting?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
	some	<input type="checkbox"/>

2. TEMPERATURE AND HUMIDITY

Are you usually comfortable at your workstation?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is the air around your workstation:	comfortable	<input type="checkbox"/>
	too dry	<input type="checkbox"/>
	too humid	<input type="checkbox"/>

3. NOISE

Do you find the noise from work equipment distracting?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

4. SPACE

Is there enough space around your workstation?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

5. CHAIR

Is the seat height adjustable?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is the angle and height of the backrest adjustable?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is the chair stable?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is the chair in a good state of repair?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
If your chair has arms, do they get in the way?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is the chair comfortable?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

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6. DESK

Is the desk surface large enough?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is the height of the desk suitable?	yes no	<input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/>
Does the desk have a non-reflectant surface?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Do you need a footrest?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Has one been supplied?	yes no	<input type="checkbox"/> <input type="checkbox"/>

7. DOCUMENT HOLDER

Do you need a document holder?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Has one been supplied?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Can you adjust your document holder to the right angle?	yes no	<input type="checkbox"/> <input type="checkbox"/>

8. DISPLAY SCREEN

Is there a brightness control on your screen?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is there sufficient difference between characters and background	yes no	<input type="checkbox"/> <input type="checkbox"/>
Does your screen move freely?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is the screen image stable and free from flicker?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is the screen at a comfortable height for you?	yes no	<input type="checkbox"/> <input type="checkbox"/>

9. KEYBOARD

Is the keyboard separate from the screen?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is the keyboard height adjustable?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Are the symbols on the keys easily visible?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Is the space in front of the keyboard sufficient to rest your hands?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Are your forearms parallel to the work surface and your wrists comfortable?	yes no	<input type="checkbox"/> <input type="checkbox"/>
Do you understand how to use the software?	yes no	<input type="checkbox"/> <input type="checkbox"/>

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10. OTHER EQUIPMENT

Is your phone conveniently situated?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Is there enough space to load paper into printers and copiers?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Can you easily get to shelves above and below the workstation?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Do you have other equipment problems?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

If yes please give details:

11. TRAINING

Have you been trained to make your workstation comfortable?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Have you been trained in the use of software?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
If you were to have a problem relating to display screen work, do you know who to ask for help?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>
Do you understand the arrangements for eyesight tests?	yes	<input type="checkbox"/>
	no	<input type="checkbox"/>

Your comments please