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|  | **Health & Safety Risk Assessment Form** | | | | | |
| **Ref: CF:008:08:FT** | **RE: Display Screen Equipment Workstation Risk Assessment Form** | | | | | |
| **Issue date:** | September 2018 | | **Revised Date:** | | October 2023 | |
| **Author(s):** | National Health & Safety Function | | | | | |
| **Part A DSE Workstation Risk Assessment Form** | | | | | | |
| **Division:** | | Select Division. | | **Source of Risk:** | | Enter Source of Risk. |
| **HG/CHO/NAS/Function:** | | Select Area. | | **Primary Impact Category:** | | Select Primary Impact Category. |
| **Hospital Site/Service:** | | Enter Hospital Site/Service. | | **Risk Type:** | | Select Risk Type. |
| **Dept/Service Site:** | | Enter Dept/Service Site. | | **Name of Risk Owner (BLOCKS):** | | Name of Risk Owner. |
| **Date of Assessment:** | | Select date. | | **Signature of Risk Owner:** | |  |
| **Unique ID No:** | | Enter Unique ID No. | | **Risk Co-Ordinator:** | | N/A for OSH Risk Assessments |
| **Objective being impacted:** | | Compliance with OSH legislation and the maintenance of a safe and healthy work environment. | | **[[1]](#footnote-1)DSE Risk Assessor(s):** | | Name of Risk Assessor. |
| **DSE User’s Name:** | | Enter DSE User’s Name. | | | | |
| **Name of DSE User’s Line Manager:** | | Enter Name of DSE User’s Line Manager. | | | | |
| **Note:** | | When conducting DSE risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.  The Line Manager / DSE Workstation Assessor, in consultation with the employee must carry out the risk assessment/analysis of the Employee’s workstation.  *Please ensure the following:*   1. Ensure the DSE User has completed the DSE User Awareness module on HSeLanD prior to assessment. 2. You use the comment section to document where adjustments to the user workstation have been implemented. 3. Actions that cannot be resolved during the assessment are documented on **Part C** of the risk assessment form. 4. Provide the DSE User with a copy of this DSE risk assessment once completed.   It is the responsibility of the Line Manager to ensure any remedial actions identified are implemented. | | | | |

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| **Workstation Location, e.g. room number, specific work area (payroll, accounts etc):** | Enter Workstation Location. | | | | **Typing Skills:** | | Enter Typing Skills. | | | |
| **Tasks Undertaken:** | Enter Tasks Undertaken. | | | | | | | | | |
| **Dominant Hand:** | **R** |  | | **L** | |  | | **Both** | |  |
| **Requires glasses:** | **Yes** | |  | | | **No** | | |  | |
| **Approximate length of time spent at DSE:** | **1 – 2 Hours** |  | | **3 – 5 Hours** | |  | | **>5 Hours** | |  |
| **Other relevant information e.g. discomfort or symptoms or any concerns relating to DSE use raised by the user?** | Enter other relevant information. | | | | | | | | | |
| ***Sample picture of workstation*** | | | | | | | | | | |

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| **Part B Equipment** | | | | |
| ***Chair*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***1*** | Is the work chair stable i.e. has a five star base and stable when weight is placed on it? |  |  | Enter comments. |
| ***2*** | Is the seat height adjustable? | ☐ |  | Enter comments. |
| ***3*** | Does the chair allow freedom of movement (in and out of the workspace easily and turn from side to side while seated) and allow for seating in a comfortable position? |  |  | Enter comments. |
| ***4*** | Is the backrest adjustable in height and tilt to provide lower back support? |  |  | Enter comments. |
| ***5*** | If arm rests are present, are they adjustable/ removable? |  |  | Enter comments. |
| **6** | Has the chair been adjusted to ensure while seated:   * The back is in an upright or slightly reclined position? * Shoulders are relaxed? * Small of the back is supported? * There is a 90 degree angle at knees and elbow? * Thighs horizontal or positioned slightly downward? * Upper arms are vertical and close to the sides of the body while typing? * Forearms horizontal with the desk? |  |  | Enter comments. |
| ***7*** | Are the feet resting comfortably on the floor?  If not, is a footrest provided? |  |  | Enter comments. |
| ***8*** | Is the User aware of how to adjust the chair in order to find the best posture in accordance with their work? |  |  | Enter comments. |
| **Screen** | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***9*** | Is the screen positioned directly in front of the User? |  |  | Enter comments. |
| ***10*** | Is the screen an adequate distance (approximately arm’s length) from the User? |  |  | Enter comments. |
| ***11*** | Is the screen adjustable in height and swivel/tilt? |  |  | Enter comments. |
| ***12*** | Is the users’ eye-line in the upper third of the screen? |  |  | Enter comments. |
| ***13*** | Are the characters on the screen well defined, clearly formed and of adequate size and spacing to ensure letters and numerals are clearly distinguishable? |  |  | Enter comments. |
| ***14*** | Are the images on the screen stable and free from flickering? |  |  | Enter comments. |
| ***15*** | Is the screen clean with brightness and contrast adjustable? |  |  | Enter comments. |

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| **Keyboard and Mouse** | | | | |
| http://firtstest.files.wordpress.com/2010/02/penggunaan-mouse-dan-keyboard-yang-benar2.jpg | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***16*** | Is the keyboard positioned directly in front of the User to avoid twisting while typing? |  |  | Enter comments. |
| ***17*** | Are characters clearly defined on the keyboard? |  |  | Enter comments. |
| ***18*** | Is the keyboard tiltable and separate from the screen? |  |  | Enter comments. |
| ***19*** | Is there sufficient space on the desk in front of the keyboard to support the forearms and hands to avoid fatigue? |  |  | Enter comments. |
| ***20*** | Does the User have good keyboard technique e.g. are the wrists in line with forearms in a neutral position while typing?  Note: wrist rests are only to be used to rest the wrist in between typing |  |  | Enter comments. |
| ***21*** | Does the keyboard have a matt surface so as to avoid glare? |  |  | Enter comments. |
| ***22*** | Is the mouse close to the keyboard when in use so that the User’s forearm is relaxed and the wrist is straight? |  |  | Enter comments. |
| ***23*** | Is a mouse mat required? |  |  | Enter comments. |

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| **Desk** | | | | |
| **https://www.kos.ie/uploads/resource/fdc95d76f94b712d3ec898b758820caf1ec42613.jpg** | | | | |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***24*** | Is the work surface sufficiently large to allow for flexible arrangement of the screen, keyboard, documents and related equipment? |  |  | Enter comments. |
| ***25*** | Does the work surface have a low reflective surface i.e. matt or semi matt? |  |  | Enter comments. |
| ***26*** | Is commonly used equipment such as the phone or mouse arranged within easy reach to prevent overstretching and twisting? |  |  | Enter comments. |
| ***27*** | Is there sufficient unobstructed legroom underneath the desk? |  |  | Enter comments. |
| **Environment** | | | | |
|  | ***Space*** | ***Yes*** | ***No*** | **Comments** |
| ***28*** | Is there sufficient space (minimum 4.65m2) to allow for easy access and egress to and from the workstation? |  |  | Enter comments. |
| ***29*** | Are cables and equipment placed in such a way as to prevent a slip/trip hazard? |  |  | Enter comments. |
| ***Lighting*** | | ***Yes*** | ***No*** | **Comments** |
| ***30*** | Is the lighting level suitable (general rule 300-500 lux) for the tasks and comfortable for the User? |  |  | Enter comments. |
| ***Glare and reflections*** | | ***Yes*** | ***No*** | **Comments** |
| ***31*** | Is the workstation designed to ensure sources of light (e.g. windows, transparent and translucent walls, brightly coloured fixtures) cause no direct glare and/or distracting reflections on the screen? |  |  | Enter comments. |
| ***32*** | Are windows fitted with suitable adjustable blinds etc. to reduce light and glare? |  |  | Enter comments. |
| ***Noise*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***33*** | Is the work area free from excessive noise from equipment? |  |  | Enter comments. |
| ***Heat*** | | ***Yes*** | ***No*** | ***Comments*** |
| ***34*** | Is the work area well ventilated? | ☐ | ☐ | Enter comments. |
| ***35*** | Is the work area free of draughts? | ☐ | ☐ | Enter comments. |
| ***36*** | Is heat produced by equipment at a level that is comfortable for the User? | ☐ | ☐ | Enter comments. |

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| ***37*** | Is the ambient temperature (for sedentary work in the range of 18 -24°C) comfortable for the DSE User? | ☐ | ☐ | Enter comments. |
|  | ***Humidity*** |  |  |  |
| ***38*** | Are adequate levels of humidity (minimum of 30% in winter and 40-60% in summer) maintained? | ☐ | ☐ | Enter comments. |
| ***User/ Computer Interface*** | | | | |
|  | | ***Yes*** | ***No*** | ***Comments*** |
| ***39*** | Is the User familiar with the computer software programmes they are required to use to perform their tasks? | ☐ | ☐ | Enter comments. |
| ***40*** | Does the User consider the software suitable to the task undertaken? | ☐ | ☐ | Enter comments. |
| ***41*** | Has the User been provided with training and instruction on the software, as appropriate, in order to perform tasks? | ☐ | ☐ | Enter comments. |
| ***42*** | Has consideration been given to the use of a document holder? | ☐ | ☐ | Enter comments. |
| ***43*** | If present, is the document holder and the monitor at the same height and angle to minimise head and neck movement? | ☐ | ☐ | Enter comments. |
| ***44*** | Is work planned to allow for periodic task breaks or changes of routine away from the DSE? | ☐ | ☐ | Enter comments. |
| ***45*** | Has consideration been given to the psychosocial risk factors that may be present e.g. control over pace and nature of tasks, monotonous work, high levels of attention and concentration required, frequent tight deadlines? | ☐ | ☐ | Enter comments. |
| ***46*** | Is the User aware of their entitlement to eye and eyesight testing and where appropriate, provision of free corrective lenses? | ☐ | ☐ | Enter comments. |
| ***47*** | Is the User aware of how to report any issues relating to the use of DSE? | ☐ | ☐ | Enter comments. |

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| **Part C DSE Workstation Risk Assessment Form** | | | | | | | | | | | | |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **DATE** |
| Identify the hazard and describe who might be harmed, how, where and when. | | | Enter Existing Control Measures | | | Document Additional Controls Required | | | | Enter person responsible for implementation of control measure. | | Select Date. |
| **[[4]](#footnote-4)Inherent Risk** | | | **[[5]](#footnote-5)Residual Risk** | | | **[[6]](#footnote-6)Target Risk** | | | **Risk Status** | | | |
| **Click** [**here**](https://www.hse.ie/eng/about/who/riskmanagement/risk-management-documentation/hse-enterprise-risk-management-supporting-tools/hse-risk-assessment-tool.pdf) **for the HSE Risk Assessment Tool** | | | | | | | | | | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Open** | | **Monitor** | **Closed** |
| Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating |  | |  |  |

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. Please note for OSH risk assessments, there is a requirement to document the Inherent risk only where there is no documented risk assessment with identified controls for the hazard being considered. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)