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|  | **Health & Safety Risk Assessment Form** |
| **Ref: CF:008:08:T** | **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:**  |  | **Source of Risk:** |  |
| **HG/CHO/NAS/Function:** |  | **Primary Impact Category:** |  |
| **Hospital Site/Service:** |  | **Risk Type:** |  |
| **Dept/Service Site:** |  | **Name of Risk Owner (BLOCKS):** |  |
| **Date of Assessment:** |  | **Signature of Risk Owner:** |  |
| **Unique ID No:** |  | **Risk Co-Ordinator:**  |  |
| **Objective being impacted:** |  | **[[1]](#footnote-1)DSE Risk Assessor(s):** |  |
| **DSE Users name:** |  |
| **Name of DSE Users 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 risk assessment form.
4. Provide the DSE User with a copy of this DSE risk assessment once completed.

It 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):** |  | **Typing Skills:**  |  |
| **Tasks Undertaken:** |  |
| **Dominant Hand:** | **R ( ) L ( ) Both ( )** |  |
| **Requires glasses:**  | **Y ( ) N ( )** |
| **Approximate length of time spent at DSE:**  | **1 to 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?** |  |
| ***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? |  |  |  |
| ***2*** | Is the seat height adjustable? |  |  |  |
| ***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?  |  |  |  |
| ***4*** | Is the backrest adjustable in height and tilt to provide lower back support? |  |  |  |
| ***5*** | If arm rests are present, are they adjustable/ removable? |  |  |  |
| **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?
 |  |  |  |
| ***7*** | Are the feet resting comfortably on the floor? If not, is a footrest provided? |  |  |  |
| ***8*** | Is the User aware of how to adjust the chair in order to find the best posture in accordance with their work? |  |  |  |
| **Screen** |
|  |  | ***Yes*** | ***No*** | ***Comments*** |
| ***9*** | Is the screen positioned directly in front of the User? |  |  |  |
| ***10*** | Is the screen an adequate distance (approximately arm’s length) from the User? |  |  |  |
| ***11*** | Is the screen adjustable in height and swivel/tilt? |  |  |  |
| ***12*** | Is the users’ eye-line in the upper third of the screen? |  |  |  |
| ***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?  |  |  |  |
| ***14*** | Are the images on the screen stable and free from flickering? |  |  |  |
| ***15*** | Is the screen clean with brightness and contrast adjustable? |  |  |  |

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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? |  |  |  |
| ***17*** | Are characters clearly defined on the keyboard? |  |  |  |
| ***18*** | Is the keyboard tiltable and separate from the screen?  |  |  |  |
| ***19*** | Is there sufficient space on the desk in front of the keyboard to support the forearms and hands to avoid fatigue? |  |  |  |
| ***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 |  |  |  |
| ***21*** | Does the keyboard have a matt surface so as to avoid glare?  |  |  |  |
| ***22*** | Is the mouse close to the keyboard when in use so that the User’s forearm is relaxed and the wrist is straight? |  |  |  |
| ***23*** | Is a mouse mat required?  |  |  |  |

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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?  |  |  |  |
| ***25*** | Does the work surface have a low reflective surface i.e. matt or semi matt? |  |  |  |
| ***26*** | Is commonly used equipment such as the phone or mouse arranged within easy reach to prevent overstretching and twisting? |  |  |  |
| ***27*** | Is there sufficient unobstructed legroom underneath the desk? |  |  |  |
| **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?  |  |  |  |
| ***29*** | Are cables and equipment placed in such a way to prevent a slip / trip hazard? |  |  |  |
| ***Lighting*** | ***Yes*** | ***No*** | ***Comments*** |
| ***30*** | Is the lighting level suitable (general rule 300-500 lux) for the tasks and comfortable for the User? |  |  |  |
| ***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? |  |  |  |
| ***32*** | Are windows fitted with suitable adjustable blinds etc. to reduce light and glare? |  |  |  |
| ***Noise*** | ***Yes*** | ***No*** | ***Comments*** |
| ***33*** | Is the work area free from excessive noise from equipment? |  |  |  |
| ***Heat*** | ***Yes*** | ***No*** | ***Comments*** |
| ***34*** | Is the work area well ventilated? |  |  |  |
| ***35*** | Is the work area free of draughts? |  |  |  |
| ***36*** | Is heat produced by equipment at a level that is comfortable for the User? |  |  |  |

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| ***37*** | Is the ambient temperature (for sedentary work in the range of 18 -24°C) comfortable for the DSE User? |  |  |  |
|  | ***Humidity*** |  |  |  |
| ***38*** | Are adequate levels of humidity (minimum of 30 % winter and 40-60% in summer) maintained? |  |  |  |
| ***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?   |  |  |  |
| ***40*** | Does the User consider the software suitable to the task undertaken? |  |  |  |
| ***41*** | Has the User been provided with training and instruction on the software, as appropriate, in order to perform tasks? |  |  |  |
| ***42*** | Has consideration been given to the use of a document holder? |  |  |  |
| ***43*** | If present, is the document holder and the monitor at the same height and angle to minimise head and neck movement?  |  |  |  |
| ***44*** | Is work planned to allow for periodic task breaks or changes of routine away from the DSE? |  |  |  |
| ***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? |  |  |  |
| ***46*** | Is the User aware of their entitlement to eye and eye sight testing and where appropriate, provision of free corrective lenses? |  |  |  |
| ***47*** | Is the User aware of how to report any issues relating to the use of DSE? |  |  |  |

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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** |
|  |  |  |  |  |
| **[[4]](#footnote-4)Inherent Risk** | **[[5]](#footnote-5)Residual Risk**  | **[[6]](#footnote-6)Target Risk**  | **Risk Status**  |
| **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** |
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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. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)