**GP Trainees Workstation Self -Assessment Form (HSP09 Page 1 of 2)**

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|  |
| Location: | Assessed by: | Date : |

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| --- | --- | --- | --- | --- | --- |
| **Screen:**  | Is the screen image clear and are characteristics readable? | YES |  | NO |  |
|  | Is the screen stable (i.e. no flicker or movement)? | YES |  | NO |  |
|  | Is the brightness and contract easily adjustable? | YES |  | NO |  |
|  | Do the adjustments work for the conditions? | YES |  | NO |  |
|  | Does the screen tilt and swivel? | YES |  | NO |  |
|  | Is the screen free from glare and reflections? | YES |  | NO |  |
|  |  |  |  |  |  |
| **Keyboard:** | Does the keyboard provide a comfortable keying position? | YES |  | NO |  |
|  | Does the keyboard adjust for angle?(i.e. can it tilt? | YES |  | NO |  |
|  | Keyboard surface matt (i.e. glare free, clear and readable)? | YES |  | NO |  |
|  | Is there space at front of the keyboard to rest hands? | YES |  | NO |  |
|  |  |  |  |  |  |
| **Desk:** | Is the workstation furniture suitable for the work/ user? | YES |  | NO |  |
|  | Is the work surface large enough for the work/ user? | YES |  | NO |  |
|  | Is the work surface clear from glare? | YES |  | NO |  |
|  | Is there sufficient storage space? | YES |  | NO |  |
|  | Has a document holder been provided? | YES |  | NO |  |
|  | Is there evidence of Cable management? | YES |  | NO |  |
|  |  |  |  |  |  |
| **Chair:** | Stable (i.e. Five star base)? | YES |  | NO |  |
|  | Gas lift- allowing height adjustment? | YES  |  | NO |  |
|  | Allow back/tilt adjustment? | YES |  | NO |  |
|  | Generally comfortable?  | YES |  | NO |  |
|  |  |  |  |  |
| **Footrest:** | Provided?  |  |  |  |  |
|  |  |
| **Environment**  | Is the lighting suitable for user? 300-500 Lux | YES |  | NO |  |
|  | Has excess contrast between the monitor screen and the environment been achieved? | YES |  | NO |  |
|  | Have glare and reflections been prevented? | YES  |  | NO |  |
|  | Have blinds/curtains been fitted? | YES |  | NO |  |
|  | Does the equipment meet heat/noise output requirements? | YES |  | NO |  |
|  | Is a screen cleaning kit provided and used? | YES |  | NO |  |
|  | Is the room temperature /humidity adequate? | YES |  | NO |  |
|  | Is the workstation environment risk free? | YES |  | NO |  |
|  | Is there enough room to allow position movement/change? | YES |  | NO |  |

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| --- | --- | --- | --- | --- | --- |
| **Operator:** | Does the Operator wear glasses? | YES |  | NO |  |
|  | Does the Operator suffer headaches, focusing difficulties, eye discomfort, difficulties in seeing or reading the screen or documents? | YES |  | NO |  |
|  | Does the Operator get aches, pains or sensory loss in neck/back, shoulder or upper limbs? | YES |  | NO |  |
|  | Does the Operator suffer from fatigue or stress? | YES  |  | NO |  |
|  | How much time is spent at the screen? | YES  |  | NO |  |
|  | Daily: At one time: |  |  |  |  |
|  |  |  |  |  |  |
| **General Safety:** | Are there electrical hazards? | YES  |  | NO  |  |
|  | Are there sufficient power points? | YES  |  | NO  |  |
|  | Are there trip hazards? | YES  |  | NO |  |
|  | Can the operator have a break by change of job away from the screen? | YES  |  | NO |  |
|  |  |
| **Task Design and Software:** | Is the software easy to use (i.e. user friendly? | YES  |  | NO |  |
|  |  |
| **Operator Informed:** | 1The location and contents of the NES DSE  procedures and guidance. (HSP09) | YES  |  | NO  |  |
|  |  2 How to adjust their chair (Guidance) | YES |  | NO |  |
|  | 3 Entitlement to eyesight tests and corrective appliances (HSP09) | YES  |  | NO |  |
|  | 4 Provision for breaks and changes of activity (HSP09) | YES  |  | NO |  |

|  |  |
| --- | --- |
| Signed: | Date: |

When completed this form should be forwarded to NES.

|  |  |
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| Remedial actions Required | Remedial actions completed  |