

DISPLAY SCREEN EQUIPMENT

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Name of User:

Assessment date: / /

Assessment:

	Good	Poor	Unacceptable
Natural lighting	Comfortable	Dark	Bright
Artificial lighting	Comfortable	Dark	Bright
General layout of work area	Everything in reach	Adequate	Awkward
Can you adjust your seat height?	Yes	-	No
Can you adjust the backrest?	Yes	-	No
Is your chair in good condition?	Yes	-	No
Noise	None	Occasional	Constant
Is your desk/ work surface	Just right	A bit high/low	Too high/low
How often do you take breaks?	Regularly	Occasionally	Rarely

What actions do you need to take in the light of this assessment?
