

Company Name : Display Screen Equipment User Self-Assessment

Name of Employee:

Designation:

Location:

Date:

Department:

Time:

Summary of Display Screen Equipment Workstation Risk Assessment

Description of User Role:

Is The Workstation Adequately Controlled:	Yes		No	
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Comment on overall effectiveness of control measures, equipment and ergonomic set-up

List Further Recommendations, Improvements, Remedial Actions and Mitigations

Assessor:

Reference Number:

Date:

Next Review Date: