

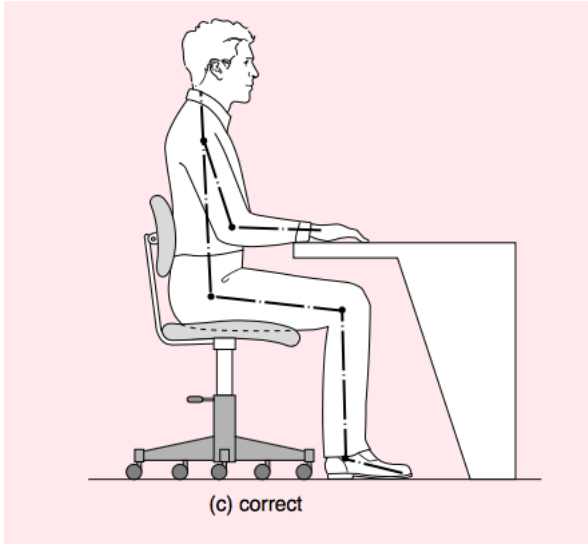


Method Statement

This form is to be completed alongside a risk assessment. Staff and students should have all applicable method statements available to them for sign off.

Department:	Digital Film (Faculty Art and Design)
Accompanying Risk Assessment(s)	Display screen equipment
MS written by:	Kylie Boon
Approved by:	
Date	22/05/17
Brief Nature of Activity:	Safe use of computer workstations.
Who will be undertaking this activity (circle all that are appropriate):	Staff / Students
Will there be appropriate supervision?	N/A
Outline the controls and safe working practices that should be followed: Continue on a separate sheet if necessary	1. Person • Adjust furniture and equipment to suit individual needs, do not adjust your own posture to suit the workstation. • Forearms and wrists should be horizontal and in a comfortable, supportive position. 2. Equipment • The monitor should be adjusted to eye level. • Monitor and keyboard positioned directly in front of the user. • Adjustable seat (height and tilt). • Sufficient space in front of the keyboard to support the wrists. • There should be sufficient space between each component to allow adequate ventilation. 3. Activity • Take regular breaks. This relieves eyestrain and should help to prevent Repetitive Strain Injury (RSI). 4. Location/environment • Adequate lighting to minimise glare and relieve visual fatigue. • Blinds in room if needed to minimise glare. • Leg room and clearance to allow postural changes. 5. General • Report problems with the furniture and equipment as soon as they arise.

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	6. Ergonomic guidelines • The monitor should be set at a distance that is comfortable to view (based on individual). • Tilt and brightness of monitor should be adjusted to minimise glare/reflections. Surrounding lighting conditions should also be adjusted to minimise this. • Use of a chair that is stable, provides ease and freedom of movement. Height and tilt of seat should be adjustable (based on individual). • Workspace should have sufficient space for the system, with ventilation around various components.  (c) correct
Is a safety induction required?	Yes
Has a safety induction been carried out?	N/A
Date of Induction	Prior to equipment use and on-going for new students and staff.
Is the register of names for this MS attached?	N/A
Any questions please contact the H&S Department.	

Signed by (person completing this form): _____
 Job title: _____
 Approved by: _____
 Job title: _____



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

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Those participating in the activity read the attached method statement. Could you please confirm your understanding of what is expected of you, to carry out the activity safely, below:

Any queries / questions please ask, only sign this register if you are confident about the attached safety procedures on the Method Statement.

First Name	Surname	Signature	Role / Student	I understood the content of the method statement?