

Name of Student:.....

Name of Workplacement:.....

Unit 19 Photocopying

Element 19.1

ACTION	COMPETENT/SAFE USE OF EQUIPMENT	EVIDENCE – IF APPLICABLE	ACTION CARRIED OUT	SIGNATURE OF LINE MANAGER AND DATE
Send single page faxes				
Send multi-page faxes				
Receive and distribute single page faxes				
Receive, collate and distribute multi-page faxes				
Deal with the fax machine being out of paper				

ACTION	COMPETENT/SAFE USE OF EQUIPMENT	EVIDENCE – IF APPLICABLE	ACTION CARRIED OUT	SIGNATURE OF LINE MANAGER AND DATE
Deal with the fax machine jamming or misfeeding				
Deal with receiving number not being engaged				
Deal with receiving number not being a fax number				
Make sure that the fax machine is left ready for use after sending a fax				
Use equipment safely and according to manufacturer's instructions				

Line Manager's Comments

Signature:

Date:

NVQ LEVEL 2 BUSINESS ADMINISTRATION**ENSURE YOUR OWN ACTIONS REDUCE RISKS TO HEALTH AND SAFETY**

SURNAME:	FIRST NAME:	WORK PLACEMENT:
UNIT: 1	EXT:	
DATE OF ASSESSMENTS:	LINE MANAGER:	

Please select YES or NO

WORKSTATION		Yes	No
1	Do you have adequate work space for written work if required?		
2	Do you have adequate storage space for all your essential work equipment i.e. work files etc?		
SEATING		Yes	No
3	Can you avoid long periods of time sitting in one position in your job?		
4	Can you change your sitting positions easily and comfortably, with enough clearance for your thighs, legs and feet under the working desk?		
5	Is your chair stable?		
6	Does it have a 5-point base?		
7	Are you able to adjust the height of your chair and the back of your seat so that:		
a)	The chair provides you with a good lumbar support?		
b)	Your feet rest flat on the floor or footrest?		
c)	The desk or workstation is at a comfortable height for you to work?		
d)	You can find a comfortable working position?		

DISPLAY SCREEN		Yes	No
8)	Can you adjust the screen so that the following are in a comfortable position:		
a)	Height of the screen tilt?		
b)	Angle of the screen – swivel?		
c)	The distance between the screen and your eyes? (Ideally this should be 40-70cm)		
9	Do you know how to adjust the screen angle and height?		
10	Can you clearly see the characters displayed on the screen?		
11	Is the display screen easy to read with minimal reflection, glare from the lights, windows, shining walls and surfaces?		
12	Is the screen image stable and free of flicker?		
13	Do you know how to adjust the contrast and brightness controls to reduce glare and help you to read the screen more easily?		
14	Do you clean your screen regularly?		
15	Can you move the keyboard around the desk?		
16	Can you change the angle or slant?		
17	Are all the symbols on the keyboard legible and easy to understand?		
18	Is there enough desk space to rest your forearms and hands?		
19	Can you avoid bending your hands upwards or sideways when working?		
20	Is the work surface surrounding the keyboard non-reflective?		
21	Is there enough desk space for a mouse or other input devices?		
22	Where appropriate, can you use the mouse or other input devices comfortably?		
23	If you use a document holder:		

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ENSURE YOUR OWN ACTIONS REDUCE RISKS TO HEALTH AND SAFETY

a	Can you position it close to the screen to reduce the need to move your head frequently?		
b	Can you change activities so as to avoid prolonged continuous use of DSE e.g. non-screen based work such as filing or photocopying?		

WORKPLACE ENVIRONMENT

Yes No

25	Is the workstation area free of tripping hazards?		
26	Is the workstation area free of electrical hazards?		
27	Is the equipment well positioned to avoid being bumped into or dislodged?		
28	Is the lighting appropriate for all your equipment?		
29	Can you work without disruption from noisy equipment?		
30	Is your area free from draughts or uncomfortable heat?		

TRAINING AND INFORMATION

Yes No

31	Have you received training in the use of the following aspects of your workstation?		
a	Arranging your display screen equipment to minimise health risks?		
b	Correct posture when using DSE?		

HEALTH

Yes No

32	Does the user experience any of the following symptoms:		
	Fatigue?		
	Stress?		
	Headache?		
	Sore/irritated eyes?		
	Difficulty focusing?		
	Difficulty seeing the screen or the document?		
	General discomfort during or after work?		
	Aches or pains?		
	Tingling feelings or numbness?		

32a	Does the user experience any aches or pains in any of the following areas?	Yes	No
	Arms?		
	Legs?		
	Feet?		
	Back?		
	Neck?		
	Shoulders?		
	Wrists?		
	Hands?		
	Fingers?		
	Has the user had a recent eye test?		

Signature:.....

Date:.....

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ENSURE YOUR OWN ACTIONS REDUCE RISKS TO HEALTH AND SAFETY

SAFE AND TIDY CHECKLIST

FILING CABINETS	YES	NO
Are the drawers left open?		
Can more than one drawer be opened at once?		
Are drawers overcrowded?		
TELEPHONES		
Are they easy to reach?		
Are wires kept out of the way?		
Are mouth/carpiece kept clean?		
COMPUTERS		
Is the brightness correct?		
Are screens and keyboards positioned correctly?		
DESKS		
Are they tidy?		
Are any desks an obstruction?		
Are desks the right height?		
Is all equipment stored safely?		
CHAIRS		
Are they comfortable?		
Do they support your back?		
Are chairs left in gangways?		
ELECTRICAL EQUIPMENT		
Are there trailing wires?		
Do you know how to treat faulty equipment?		
Do you know how to check the mains supply?		
Do you know how to recognise faulty equipment?		
HAZARDS		
Do you know to whom you would report a hazard?		
Do you know how you would report a hazard?		
Do you know how to deal with the following emergencies?		
○ Illness		
○ Accident		
○ Fire		
○ Evacuation		