

Display Screen Equipment (DSE)

Workstation Assessment

January 2021

This form gives an indication of how closely your workstation conforms to the Health and Safety (Display Screen Equipment) Regulations 1992, as amended.

Before completing this form, your employer should provide you with:

1. Training regarding the risks associated with DSE and how to implement good working practices to reduce these risks, and
2. Guidance on how to carry out this assessment.

Once these have been completed please complete the form and return it to your manager who will review it.

| | | |
|------------------|--|--|
| | Site | Area |
| Location: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Employee Details

| | | |
|-------------------------|--|--|
| | Name | Job Title |
| User: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| | Telephone Number | E-mail Address |
| Contact Details: | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

1. Working Time

1.1 Daily number of hours spent working with DSE (approximately)

2. Display Screen Yes No N/A

| 2.1 Are the characters clear and readable? | <input style="width: 95%;" type="text"/> | |
|--|--|--|
| 2.2 Is the text size comfortable to read? | <input style="width: 95%;" type="text"/> | |
| 2.3 Is the screen image stable and free from flicker and jitter? | <input style="width: 95%;" type="text"/> | |
| 2.4 Does the screen seem suitable in size, resolution etc. for its intended use? | <input style="width: 95%;" type="text"/> | |
| 2.5 Is the screen free from reflection and glare? | <input style="width: 95%;" type="text"/> | |
| 2.6 Can you adjust the brightness and contrast of the screen image? | <input style="width: 95%;" type="text"/> | |
| 2.7 Does the screen tilt and swivel? | <input style="width: 95%;" type="text"/> | |

| 3. Keyboard and Input Devices | Yes | No | N/A |
|-------------------------------|-----|----|-----|
|-------------------------------|-----|----|-----|

| | | | |
|------|--|--|--|
| 3.1 | Is the keyboard separate from the screen? | | |
| 3.2 | Is it possible to find a comfortable keying position? | | |
| 3.3 | Is the angle of keyboard surface adjustable? (If so, are the feet in good repair?) | | |
| 3.4 | Do you have a wrist rest, if required? | | |
| 3.5 | Are the characters on the keys easy to read? | | |
| 3.6 | Is there enough support for your wrist and forearm when using the mouse or other input device? | | |
| 3.7 | Is the mouse placed close to the keyboard – in easy reach? | | |
| 3.8 | Is the mouse device suitable for the tasks it is used for? | | |
| 3.9 | Is the mouse speed suitable for you? | | |
| 3.10 | Do you know how to adjust software settings for speed and accuracy of the mouse? | | |

| 4. Software | Yes | No | N/A |
|-------------|-----|----|-----|
|-------------|-----|----|-----|

| | | | |
|-----|---|--|--|
| 4.1 | Is the software suitable for the tasks you undertake? | | |
| 4.2 | Have you been trained how to use the software provided? | | |

| 5. Chair and Furniture | Yes | No | N/A |
|------------------------|-----|----|-----|
|------------------------|-----|----|-----|

| | | | |
|------|---|--|--|
| 5.1 | Does the chair provide good support to the small of the back? | | |
| 5.2 | Is the chair stable and comfortable? | | |
| 5.3 | Is the chair seat height adjustable? | | |
| 5.4 | Is the angle of the chair back adjustable? | | |
| 5.5 | Is the height of the seat back adjustable? | | |
| 5.6 | Does the chair have castors or glides and a swivel mechanism? | | |
| 5.7 | Is the chair correctly adjusted? | | |
| 5.8 | Is chair in good condition? | | |
| 5.9 | Are your forearms horizontal and eyes at roughly the same height as the top of the monitor? | | |
| 5.10 | Are your feet resting flat on the floor (or a footrest) without too much pressure on the backs of the legs? | | |
| 5.11 | Can you sit directly in front of the monitor and keyboard? | | |

| | Yes | No | N/A |
|--|-----|----|-----|
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| | | | | |
|------|---|--|--|--|
| 5.13 | Is there sufficient desk space for the tasks and equipment? | | | |
| 5.14 | Can you comfortably reach all the equipment and papers you need to use? | | | |
| 5.14 | Do you have a document holder provided, if required? | | | |
| 5.15 | Is the work surface free from glare and reflection? | | | |

| | Yes | No | N/A |
|--|-----|----|-----|
|--|-----|----|-----|

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|-----|---|--|--|--|
| 6.1 | Is the lighting level comfortable? | | | |
| 6.2 | Are adjustable window coverings provided and in good condition? | | | |
| 6.3 | Is the temperature comfortable? | | | |
| 6.4 | Are noise levels comfortable? | | | |
| 6.5 | Does the air seem comfortable, i.e. not too dry? | | | |
| 6.6 | Is there sufficient room to change position and vary movement? | | | |

| | Yes | No | N/A |
|--|-----|----|-----|
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| | | | | |
|-----|---|--|--|--|
| 7.1 | Do you know about your employer’s eye and eyesight testing arrangements? | | | |
| 7.2 | Do you experience any musculoskeletal problems (caused or made worse by the use of DSE equipment)? | | | |
| 7.3 | Do you experience symptoms of work-related stress (caused or made worse by the use of DSE equipment)? | | | |

| | Yes | No | N/A |
|--|-----|----|-----|
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| | | | | |
|-----|--|--|--|--|
| 8.1 | Have you been trained on the safe use and adjustment of your chair, workstation and other equipment? | | | |
| 8.2 | Do you take regular breaks working away from the monitor (5-10 minutes per hour)? | | | |
| 8.3 | Are you aware of the health risks associated with use of DSE and how to avoid them? | | | |

10. Users Comments

11. Reviewers Recommendations

| User's Name | User's Signature | Date |
|-------------|------------------|------|
| | | |

| Reviewer's Name | Reviewer's Signature | Date |
|-----------------|----------------------|------|
| | | |