|  |  |
| --- | --- |
| **DSE Workstation Assessment Checklist**  |  |
| **Name of user:** |  |
| **Checklist completed by:** |  |
| **Assessment checked by:** |  |
| **Date of assessment:** |  |
| **Any further action needed? Please summarise details** |  |
| **Follow-up action completed on:** |  |
| **Guidance Notes**The purpose of this questionnaire is to establish the compliance of your workstation with the current Display Screen Equipment Regulations 1992 (as amended). In order to assess your workstation assessment we would like to ask for your co-operation in completing this questionnaire. We suggest that you read the questionnaire carefully then complete it as accurately as possible. We would like you to allow yourself adequate time to reflect on your working environment, your workstation and your use of it during the course of a normal working day. Any questions answered ‘No’ will require an action. Should you have any queries regarding the questionnaire, please contact the firm’s Health & Safety Officer for further assistance.  |

**Display screen**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is your screen flicker free? |[ ] [ ]   |
| Are the brightness and contrast easily adjustable? |[ ] [ ]   |
| Does your screen swivel and tilt independently of other equipment? |[ ] [ ]   |
| Is your screen free from reflection and glare? |[ ] [ ]   |
| Are your screen characters clear and well defined and of an adequate size? |[ ] [ ]   |

**Keyboard**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Does your keyboard tilt?  |[ ] [ ]   |
| Is your keyboard separate from other components? |[ ] [ ]   |
| Is there sufficient space in front of your keyboard to support your arms and hands? |[ ] [ ]   |
| Does your keyboard have a non-reflective surface? |[ ] [ ]   |
| Is the arrangement of the characteristics on your keyboard easy to use?  |[ ] [ ]   |
| Are the symbols on the keys clearly visible?  |[ ] [ ]   |

**Workstation**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is your work area large enough to allow flexible arrangement of any other equipment (e.g. telephones)? |[ ] [ ]   |
| Is there sufficient room for movement of your mouse? |[ ] [ ]   |
| If you have a document holder, is it adjustable?  |[ ] [ ]   |
| Is there adequate space for you to find a comfortable position? |[ ] [ ]   |
| Is your workstation free from glare?  |[ ] [ ]   |

**Seating**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is your work chair stable?  |[ ] [ ]   |
| Is the seat adjustable in height?  |[ ] [ ]   |
| Is the seat back adjustable in height and tilt?  |[ ] [ ]   |
| Are you able to get a comfortable working position? |[ ] [ ]   |
| Do you know how to adjust your chair?  |[ ] [ ]   |
| Do you use a footrest?  |[ ] [ ]   |

**Environment**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is there sufficient space to allow for operator to change position and have free movement? |[ ] [ ]   |
| Are the windows provided with a suitable system for adjusting the amount of daylight (i.e. blinds)? |[ ] [ ]   |
| Are the noise levels emitted by equipment suitably controlled so as not to distract your attention? |[ ] [ ]   |
| Is the heat and humidity adequately controlled?  |[ ] [ ]   |
| Is the lighting level in the room satisfactory?  |[ ] [ ]   |
| Is your workstation free from badly positioned/balanced equipment? |[ ] [ ]   |

**Job design**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is your DSE work interspersed with other activities? |[ ] [ ]   |
| Can your work be carried at your own pace?  |[ ] [ ]   |
| Do you regularly input data from a source document? |[ ] [ ]   |
| Is the software you use suitable for your work?  |[ ] [ ]   |

**Personal comfort**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Is your back free from discomfort whilst using your DSE? |[ ] [ ]   |
| Are your shoulders, upper limbs and neck free from aches, pains and numbness whilst using your DSE? |[ ] [ ]   |
| Are your hands and fingers free from tingling and/or pins and needles whilst using your DSE? |[ ] [ ]   |
| Have you adjusted your workstation to suit your own needs? |[ ] [ ]   |
| Is your vision satisfactory?  |[ ] [ ]   |
| Do you wear spectacles or contact lenses?  |[ ] [ ]   |
| Do you find it easy to read your display screen? |[ ] [ ]   |
| Are you free from eye discomfort, focusing difficulties and headaches while using your DSE? |[ ] [ ]   |
| Do you regularly clean your display screen?  |[ ] [ ]   |

**Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Action Required |
| Have you received DSE training regarding how best to operate/use your workstation?  |[ ] [ ]   |

**Appendix 1**

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| **Guidance on ideal seated position for DSE work**1. The seat back rest should be adjusted so you are sitting upright
2. Good lumbar support should be achieved (i.e. the lower back should be supported)
3. Seat height should be adjusted to achieve 4 – 7 below
4. There should be no excess pressure on the underside of your thighs and back of knees.
5. There should be room under the desk to allow changes in posture (no obstacles)
6. Forearms should be horizontal and elbows approximately at right angles
7. There should be minimal bending of the wrists and hands, they should be horizontal
8. Screen should be at arm’s length and height and angle should be adjusted to allow a comfortable head position with the neck and head straight
9. Ensure there is space in front of the keyboard to support your hands/wrists during pauses in keying. Place mouse close to keyboard
10. A foot support should be provided if your feet do not now touch the ground
11. If seat arm-rests are provided these should not prevent you from pushing your chair under the desk or should be adjustable in height

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