

D.S.E. WORKSTATION ASSESSMENT

This assessment is being conducted under the terms of the Health & Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1992, the Health & Safety (Display Screen Equipment) Regulations 1992 and the Workplace (Health, Safety and Welfare) Regulations 1992.

These place responsibilities upon both employers and employees for the maintenance and continual improvement of Health and Safety at work. Therefore, please consider this exercise as yours. If you have any concerns which are not covered during the assessment procedure, please make a note to raise them with the Assessor or your Manager as soon as possible.

You are asked to use the information gained during training to set yourself up correctly at your workstation. It would then be helpful, if you could briefly consider each of the following, and raise any points which might be still causing you some concern or discomfort. The Assessor will then pay particular attention to these points during your interview.

Employee details:

Name:

Title:

Department / location

What is the main use of workstation?

Number of hours, on average, spent using a display screen?

Do you touch type?

Equipment:

Indicate what is at your present workstation:

Display screen

 Yes No

Keyboard

 Yes No

Mouse

 Yes No

Other input device

 Yes No

Printer

 Yes No

Lamp

 Yes No

Telephone

 Yes No

Telephone headset

 Yes No

Footrest

 Yes No

Document holder

 Yes No

Work surface

 Yes No

Work desk

 Yes No

Display screen:

Are the display characters easy to read and of adequate size?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the screen characters stable and free from flickering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there controls for brightness and contrast?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the screen be tilted and swivelled easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it possible to adjust the height of the screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the screen free from uncomfortable glare and reflection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is screen cleaning material available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the display characters easy to read and of adequate size?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Keyboard:

Is the keyboard separate from the screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the keyboard tiltable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there enough space in front for user to rest hands & wrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the keyboard non-reflective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the layout of the keys easy to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the keyboard symbols easy to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the keyboard remain still on the work surface when in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work surface or desk:

Does the surface have low reflection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to rearrange the layout of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any document holder stable and adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is work positioned to lessen head / eye movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any electrical cables / equipment in poor condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are cables tidy and prevented from trailing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

When in a sitting position, are your legs clear of the underside of the desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work chair:	
Is the chair stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it allow ease of movement and a comfortable position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the seat back adjustable, both for height and tilt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you place your feet flat on the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no to the above, is there a footrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any armrest help achieve a comfortable position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Environment:	
Is there enough space for you to change position and vary movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is room and spot lighting adequate, with no extremely light or dark areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all lighting suitable for DSE, causing no glare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your workstation free from glare caused by any adjacent fixtures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do windows have adjustable blinds or other coverings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the working area free from excessive noise of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the equipment work without producing excessive heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the office temperature / ventilation comfortable all year round?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operator and computer interface:	
Has training in the use of software been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the software easy to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the system provide operator prompts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pace and format of screen information adjustable by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other items:	
Has training been provided in the health and safety aspects of using a workstation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the need for task rotation been explained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the work require extreme concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you suffer from fatigue or stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you suffer from any reoccurring discomfort which you believe is caused by the use of Display Screen Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

User comments:

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Assessor comments:

Note any advice given to the user:

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Name of Assessor:	
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Signed Assessor:	
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Signed User:	
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Date of Assessment :	
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