# DISPLAY SCREEN EQUIPMENT WORKSTATION ASSESSMENT CHECKLIST

**Name: Signature:**

**Date:**

**Do you consider yourself a DSE user under the Health and Safety (Display Screen Equipment) Regulations 1992? (*See below*):** Yes / No

*The “Health and Safety (Display Screen Equipment) Regulations 1992 (as amended)” define individuals who habitually use display screen equipment as a significant part of their normal work as DSE users.*

*Where display screen equipment use is less frequent, you must assess other factors. Generally, the individual will be defined as a user if most or all of the following apply: -*

* *The person depends on the use of display screen equipment to do the job.*
* *The person cannot choose whether to use display screen equipment or not.*
* *The person needs significant training in the use of display screen equipment to do the job.*
* *The person normally uses display screen equipment for continuous periods of at least an hour or more daily.*
* *Fast transfer of information between the user and the screen is an important requirement of the job.*
* *The performance requirements of the system demand high levels of attention and concentration by the user.*

Under the ‘Health and Safety (Display Screen Equipment) Regulations 1992 as amended’ employers must carry out a suitable and sufficient analysis (risk assessment) of the DSE workstations used by DSE users for the purpose of assessing the health and safety risks to which those users are exposed in consequence of that use and reducing the risks identified to the lowest extent reasonably practicable. Please complete this Display Screen Equipment Checklist to enable the organisation to fulfil this legal obligation.

## Risk Factors:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Display Screen**
 | **Yes** | **No** | **Comments** |
| 1. Is the display screen image stable?
 |  |  |  |
| 1. Is the brightness and contrast easily adjustable?
 |  |  |  |
| 1. Does the screen have well defined characters?
 |  |  |  |
| 1. Does the screen tilt and swivel easily?
 |  |  |  |
| 1. Is the screen free from reflections?
 |  |  |  |
| 1. Is there screen cleaning material available?
 |  |  |  |
| 1. Is it possible to adjust the height of the screen?
 |  |  |  |
| 1. Are eyes roughly level with the top of the screen?
 |  |  |  |
| 1. Are you roughly distanced arm’s length away from the screen?
 |  |  |  |
| 1. **Keyboard**
 | **Yes** | **No** | **Comments** |
| 1. Is the keyboard separate from the screen?
 |  |  |  |
| 1. Is the keyboard tiltable?
 |  |  |  |
| 1. Is there enough room in front of the keyboard to allow for support of the wrists? (50 mm/2 inches)
 |  |  |  |
| 1. Are the symbols on the keys legible?
 |  |  |  |
| 1. **Mouse**
 | **Yes** | **No** | **Comments** |
| 1. Is the mouse suitable for the tasks it is used for?
 |  |  |  |
| 1. Is the mouse positioned close to you
 |  |  |  |
| 1. Is there support for your wrist and forearm?
 |  |  |  |
| 1. Does the device work smoothly at a speed that suits you?
 |  |  |  |
| 1. If necessary, can you adjust software settings for the speed and accuracy of the pointer?
 |  |  |  |
| 1. **Work Desk / Surface**
 | **Yes** | **No** | **Comments** |
| 1. Is there sufficient space to permit a comfortable working position to be achieved?
 |  |  |  |
| 1. Is the desk large enough to allow for flexibility in the positioning of equipment?
 |  |  |  |
| 1. Is the desk surface of low reflectance?
 |  |  |  |
| 1. Do you have a document holder?
 |  |  |  |
| 1. Is a document holder required?
 |  |  |  |
| 1. **The Chair**
 | **Yes** | **No** | **Comments** |
| 1. Is the chair stable?
 |  |  |  |
| 1. Is the height of the chair adjustable?
 |  |  |  |
| 1. Is the back rest adjustable in height and angle?
 |  |  |  |
| 1. Does the chair allow you freedom of movement?
 |  |  |  |
| 1. Can your feet touch the floor or a footrest?
 |  |  |  |
| 1. If your feet do not touch the floor, do you require a footrest?
 |  |  |  |
| 1. **Space**
 | **Yes** | **No** | **Comments** |
| 1. Is sufficient space available for the workstation? (11 cubic metres per person with ceiling height of under 3 metres)
 |  |  |  |
| 1. **Lighting**
 | **Yes** | **No** | **Comments** |
| 1. Is the lighting suitable for your work?
 |  |  |  |
| 1. Have glare and reflections been avoided?
 |  |  |  |
| 1. **Power Cables**
 | **Yes** | **No** | **Comments** |
| 1. Are all the power cables in good condition?
 |  |  |  |
| 1. Are there any trailing cables? (tripping hazards)
 |  |  |  |
| 1. **Noise**
 | **Yes** | **No** | **Comments** |
| 1. Is the noise emitted by the equipment low enough so as not to distract or disturb speech?
 |  |  |  |
| 1. Is the heat generated by the equipment adequately dissipated?
 |  |  |  |
| 1. **Temperature and Humidity**
 | **Yes** | **No** | **Comments** |
| 1. Is the temperature and level of humidity in your work area comfortable?
 |  |  |  |
| 1. **Ventilation**
 | **Yes** | **No** | **Comments** |
| 1. Is the ventilation adequate and the workstation draft free?
 |  |  |  |
| 1. **Equipment Stability**
 | **Yes** | **No** | **Comments** |
| 1. Is your equipment likely to be dislodged (by accident)?
 |  |  |  |
| 1. **Operator / Computer Interface**
 | **Yes** | **No** | **Comments** |
| 1. Is the software suitable for the task it is used for?
 |  |  |  |
| 1. Is it easy to understand and thus operate?
 |  |  |  |
| 1. Generally, is the information displayed in a format that is suitable for you to use?
 |  |  |  |
| 1. **Job Design**
 | **Yes** | **No** | **Comments** |
| 1. Are you able to carry out ‘off screen’ activities?
 |  |  |  |
| 1. Are there opportunities for frequent breaks away from the computer screen?
 |  |  |  |
| 1. Do you constantly input data?
 |  |  |  |
| 1. If you constantly input data, have steps been taken to reduce the frequency of repetitive or boring tasks?
 |  |  |  |
| 1. Do you work five days a week for the organisation and if not how many days each week do you work for them?
 |  |  |  |
| 1. Do you carry out over one-hour continuous work using DSE each day?
 |  |  |  |
| 1. Approximately how many hours in total do you work with DSE each working day?
 |  |  |  |
| 1. **Information, Instruction & Training**
 | **Yes** | **No** | **Comments** |
| 1. Have you been given any instruction as to the safe means of using Display Screen Equipment?
 |  |  |  |
| 1. Have you been given any information about your entitlement to eyesight testing?
 |  |  |  |
| 1. Are you aware of the organisation’s arrangements for eyesight testing?
 |  |  |  |
| 1. Have you received any practical training or instruction in how to adjust your equipment?
 |  |  |  |
| 1. Have you been given any information on the possible risks arising from the use of Display Screen Equipment, such as eyesight problems or repetitive strain injuries?
 |  |  |  |
| 1. Have you received any guidance, in any form, as to the importance of adopting a comfortable posture?
 |  |  |  |
| 1. **Information, Instruction & Training**
 | **Yes** | **No** | **Comments** |
| 1. Are you experiencing any discomfort or other symptoms which can be attributed to working with your DSE?
 |  |  |  |

Additional Comments (if any):

# DSE WORKSTATION ASSESSMENT

Assessment carried out by:

Date:

Position within the organisation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ref(Question No) | Action | By Whom | Target Date | Date Completed | Satisfactory Completion Confirmed By |
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