DSE Workstation Assessment

Following the completion of training and information on the safe use of display screen equipment (DSE) this self-assessment checklist should be completed by the DSE assessor. Where the user works regularly at different workstations a separate assessment should be completed. This checklist can be used by DSE users to self-assess, if necessary.

Name	Job role	Department / team
Number of hours spent worki (approximately)	ng with DSE per day	

Chair	Yes	No	N/A
Is it a suitable chair?			
Is the chair in good condition and stable?			
Is the seat height adjustable?			
Is the back height adjustable and tiltable?			
Are the castors suitable for the type of flooring?			
Comments / Action(s) Needed	1		

Display Screen	Yes	No	N/A
Is it damaged or unsuitable?			
Does the screen swivel and tilt?			
Are the brightness and contrast adjustable?			
Are the characters on the screen easy to read?			
Is the display screen image clear and free from flicker?			
Is the display screen clean?			
Is the screen free from disturbing reflections?			
Is the viewing distance to the screen acceptable?			
Comments / Action(s) Needed			

s the keyboard separate from the screen? s the keyboard free from reflection and glare? cre keyboard symbols legible? can the user find a comfortable keying position?			
re keyboard symbols legible?			
. , ,			
an the user find a comfortable keying position?			
			-
oes the user have a good keyboard technique?			
s the mouse or other input device right for the job?			-
oes the mouse work smoothly and at a comfortable peed?			
s the mouse close enough to the user?			
re the user's wrists and forearms supported?			
Comments / Action(s) Needed	l	L	

Workstation / Desk	Yes	No	N/A
Is there adequate space in front of the keyboard to rest the wrists when not keying?			
Is there adequate space on the work surface to accommodate and allow a flexible arrangement of the equipment?			
Is space under the workstation/desk adequate?			
Does the space allow the user to change position?			
Is the work surface matt and non-reflective?			
Is the area free from sharp corners/edges, trailing cables?			
Comments / Action(s) Needed			

Work Environment	Yes	No	N/A
Is the noise level acceptable and without excessive distraction in the work area?			
Is the noise at a level that doesn't interfere with the ability to hear normal speech or affect concentration?			
Are the lighting levels suitable?			
Is the environment free from glare, e.g. light shining in the user's eyes?			
Apart from unavoidable exceptions, e.g. heatwaves, are the temperature and humidity levels acceptable?			
Comments / Action(s) Needed			

		No	N/A
s the head positioned upwards and with the eyes looking forward most of the time?			
Are the shoulders relaxed and not hunched?			
Are the upper arms held close to the body?			
Are frequently used items in easy reach and overstretching to reach them avoided?			
Are the forearms and wrists in a neutral position?			
With the chair at the correct height are the feet supported?			
s the mouse held comfortably in the correct position and not too tightly?			
s the lower back supported?			
Are they free from uncomfortable pressure on the underside of the thighs?			
Comments / Action(s) Needed	l		1

Software		Yes	No	N/A	
Is the software appropriate and easy to use?)				
Is the software adequate for the job?					
Is the system's speed adequate?					
Comments / Action(s) Needed					
Work Organisation		Yes	No	N/A	
Does the user take regular breaks from proto of work, e.g. a break or change of activity after	•				
Does the user feel able to cope with the demands of their work?					
Are they free from any other problems that could be related to their DSE work not covered by the assessment?					
Are there any physical or medical issues that may impact DSE work that are not already covered by this assessment?					
Comments / Action(s) Needed					
The user has been trained in the safe use ar of the chair, workstation and other equipmen	•				
The user is aware of the health risks associated with the use of DSE and how to avoid them.					
Comments / Action(s) Needed					
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DSE User's Signature	Date				
DSE Assessor's Signature	Date				
Manager's Signature	Date				