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DISPLAY SCREEN EQUIPMENT ASSESSMENT FORM

'User' (Employee's name)	
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Directorate	
Site	
Workstation location	
Telephone no. and extension	
Name of Assessor (if appropriate)	
Name of Manager	

Date of initial assessment	
-----------------------------------	--

Insert a tick ✓ in the relevant box

INITIAL CONSIDERATIONS	YES	NO	COMMENTS
Has a risk assessment been carried out to identify other hazards in the work area?			
Has the DSE been electrically tested within the last two years?			

HEALTH	YES	NO	COMMENTS
Whilst or after using DSE does the "User" experience the following symptoms (also consider previous problems):			
• pain, swelling, cramps, tightness, numbness, stiffness in the back, upper and lower legs, feet or ankles?			
• pain, swelling, cramps, tightness, numbness, stiffness in the wrists, hands, fingers, elbows, arms, shoulders or neck?			
• Eye discomfort e.g. dry or itchy eyes, excessive blinking?			
• Headaches?			



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FURNITURE	YES	NO	COMMENTS
Is the chair stable e.g. 5 point base?			
Does the chair have a working: <ul style="list-style-type: none"> ● Seat height adjustment ● Back rest height adjustment ● Backrest tilt adjustment ● Swivel mechanism ● Castors or glides 			
Is the height and angle of the back rest adjusted to ensure correct posture e.g. the small of the back is supported?			
Is the chair seat the correct depth for the "User"?			
Is the "User" sitting at the correct height so forearms are horizontal?			
Can the "User" rest their feet flat on the ground when the chair is at the right height for the desk?			
If the chair has arms, do they prevent the "User" from sitting close enough to the desk?			
Is the height of the desk suitable?			
Is the work surface large enough for all the necessary equipment, papers etc?			
Is the workstation organised to avoid reaching and stretching in awkward movements ? (headsets, phone, document holder, cables long enough)			



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SCREEN	YES	NO	COMMENTS
Is the monitor directly in front of the "User"?			
Is the monitor at the correct height and distance from the "User"?			
Does the screen have a tilt/swivel mechanism?			
Can the screen be adjusted for brightness and contrast?			
Are the characters sharp and easily distinguishable (screen specification suitable for its intended use)?			
Is the screen clean?			
Is the display screen flicker free?			
Is the screen free from glare and reflections?			
Are adequate window coverings provided and in adequate condition to reduce glare?			

KEYBOARD	YES	NO	COMMENTS
Is the keyboard separate from the screen?			
Does the keyboard tilt?			
Is the keyboard positioned correctly so the user does not have to lean forwards?			
Does the "User" have a good keyboard technique? (i.e. not resting wrists whilst keying, hitting the key too hard and overstretching fingers)?			
Are the characters on the keys easily readable?			

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MOUSE, TRACKBALL etc	YES	NO	COMMENTS
Is the device suitable for the task it is used for?			
Is the device positioned close to the user?			
Does the device work smoothly at a speed that suits the "User"?			
Is there support for the "Users" forearms?			

GENERAL WORKSTATION ENVIRONMENT	YES	NO	COMMENTS
Is there anything preventing the "User" from sitting comfortably and easily changing working posture?			
Is the lighting suitable, e.g. not too bright or too dim to work comfortably ?			
Does the air feel comfortable?			
Are the levels of heat comfortable?			
Is noise excessive so as to constantly impair concentration and disturb speech causing stress?			

JOB DESIGN	YES	NO	COMMENTS
Are there adequate opportunities for regular breaks from using DSE?			
Does the "User" take regular breaks/task changes from the DSE?			

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Is the software suitable for the task?			
Has the "User" received any relevant software training requested?			

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QUIZ FOR USERS TO COMPLETE

(ALL ANSWERS CAN BE FOUND IN THE POWERPOINT SELF-ASSESSMENT TRAINING PACKAGE (EBOR/HS/SAP1) – AVAILABLE ON COUNCILNET & WEBSTORE.

1) Which is the correct sitting position?



a)

b)

c)

2) Which is the correct wrist position?



a)

b)

3) Which is the correct wrist position?



a)

b)

4) Which is the correct working position?



a)

b)

c)

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<p>5) The top of the computer monitor should be positioned</p>	<p>a) At eye level or just below b) Above eye level</p>
<p>6) To fund an eye-test</p>	<p>a) F09A Eye Test should be filled in, signed by the manager, taken to the opticians where an invoice should be requested b) A receipt should be handed to the manager on return from the optician and form EBOR/HS/F9B filled in retrospectively</p>
<p>7) Which is the correct timings for breaks from the desk ?</p>	<p>a) Short frequent breaks are better than fewer longer breaks b) Fewer longer breaks are better than short frequent breaks</p>
<p>8) If you have physical symptoms arising from your workstation after it has been set up correctly, do you</p>	<p>a) Tell your manager b) Tell your manager and complete a EBOR incident form</p>
<p>9) The following team should be contacted to report a defect with the computer</p>	<p>a) The Health and Safety Team b) The relevant IT team</p>
<p>10) Which of the following body parts can be affected by inadequate workstation set-ups?</p>	<p>a) Eyes b) Back c) Wrists d) All of the above</p>
<p>11) There is almost twice as much pressure on your back when you are sitting incorrectly than there is if you stand up</p>	<p>a) True b) False</p>
<p>12) Laptops are exempt from the requirement to carry out a DSE assessment</p>	<p>a) True b) False</p>



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13) Any queries arising during a DSE assessment should be initially directed to	<ul style="list-style-type: none"> a) The local 'DSE' Assessor b) The Health and Safety Team
14) The DSE assessment should be reviewed	<ul style="list-style-type: none"> a) Every 5 years b) Annually or if there is a change i.e. new furniture, health problem etc
15) Completed DSE assessments should be	<ul style="list-style-type: none"> a) Filed in the 'Users' drawer b) Sent to the Health and Safety Team c) Discussed with the manager, control measures agreed and a copy placed on the local personal file

ACTIONS ARISING FROM THIS ASSESSMENT

No	ACTION	COMPLETED ON	SIGNATURE
1			
2			
3			
4			
5			
6			

CONCLUSION

Yes

No

Comments

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Are there any other relevant problems not covered by this assessment? (If yes explain in Comments Box)	YES/NO
Are there any outstanding actions following this assessment? – See action plan	YES/NO
Does the 'User' require a referral to Occupational Health?	YES/NO
Signature of "User"	Date
*Signature of Manager	Date
*Signature of Assessor (if appropriate)	Date

* Further information can be found in the [CN09 Display Screen Equipment](#)



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<p>COMMENTS AND INFORMATION</p> <p style="font-size: 2em; margin: 20px 0;">No</p> <p>Comments</p>

DATE FOR REASSESSMENT	ARE THERE ANY CHANGES SINCE THE LAST ASSESSMENT?	“User” Signature	Manager Signature