

Appendix B

Display Screen Equipment Self-Assessment

Name of User:

Department:

Location of work station assessed: Date:

SECTION 1 – This section should be completed by the user – with the help of the immediate line manager if necessary

Headings	Yes	No	COMMENTS
A The Screen			
Is the screen set squarely in front of you?			
Is the screen set at the right height and tilt for your typing skill?			
Is the screen image clear, stable and free from glare and reflection?			
Is the text readable from your usual working position?			
B Keyboard			
Is the keyboard set squarely in front of you?			
Is the keyboard separate from the screen?			
Is the keyboard tiltable to a shallow slope?			
Are the symbols on the keys legible?			
C Mouse			
Is there sufficient space close to the side of the keyboard to place and use your mouse?			
D Desk			
In the correct sitting position, is your desk at the right height?			
Is there sufficient space available in front of the keyboard for your hands?			
Is there sufficient space beneath the desk for your legs?			

Headings	Yes	No	COMMENTS
E Document Holder			
Do you use a document holder?			
Is the document holder suitably adjustable?			
F Chair			
Is the chair stable?			
Is the base a 5 star configuration on castors that move freely?			
Does the chair have lumbar support?			
Is the back adjustable for height and tilt?			
Is the seat height adjustable?			
Is your chair fitted with arm rests? <u>If yes</u> Do they adjust sufficiently to enable you to adopt the correct sitting position without being obstructed by the desk?			
G Footrest			
In your correct sitting position are your feet flat on the floor?			
If no – has a suitable footrest been provided?			
H Environment			
Is there sufficient natural or artificial light at the workstation? (Including additional lighting e.g. desk lamps, if necessary)			
Are cables routed safely to prevent a tripping or electrical hazard?			
Are the windows fitted with blinds or curtains to limit the effects of reflection and glare?			
I Work Activity			
Are you aware of the school policy on DSE?			
Are you aware that you are entitled to an eye test?			
Do you vary your work and take regular breaks away from your workstation?			

Headings	Yes	No	COMMENTS
J Noise			
Is the noise level from the workstation equipment acceptable?			
K Heat			
Is the workstation free from excessive heat from the equipment?			
L Ergonomics – Task Design and Software			
Is the software suitable for the task(s) for which it is being used?			
Is the software easy to use?			
Does the system display information in a format which is easy to use?			
Does the system operate at a suitable pace?			
M Health			
Is the user free from eyestrain associated with using the equipment?			
Is the user free from stress associated with using the equipment?			
Is the user free from pains in the hands, arms, shoulders or neck associated with using the equipment?			
Is the user free from headaches associated with using the equipment?			

If you are contracted to undertake DSE work at home you **MUST** complete a separate workstation assessment. If you are currently experiencing ill-health symptoms, which you associate with the use of DSE speak to your immediate line manager immediately.

Signature of User: **Date:**

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SECTION 2 – to be completed by immediate line manager

Once complete the line manager should set out below, the actions to be taken when “No” has been recorded in Section 1. (Continue on a separate sheet if necessary.)

<p>Details:</p> <p>Date action taken:</p> <p>Date of re-assessment:</p>
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SECTION 3 – to be completed by immediate line manager

Headings	Yes	No	COMMENTS
A Equipment			
Is the use of the equipment a source of risk to the ‘user’?			
Is the software adaptable to the level of knowledge or experience of the ‘user’?			
Does the system provide feedback to ‘users’ on the performance system?			

Once complete the line manager should set out below, the actions to be taken when “No” has been recorded in Section 3. (Continue on a separate sheet if necessary.)

<p>Details:</p> <p>Date action taken:</p> <p>Date of re-assessment:</p>
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Signature of immediate line manager: Date: