

**DISPLAY SCREEN EQUIPMENT (DSE)
USER CHECKLIST AND ASSESSMENT FORM**

Name Service

Date Location

Type of equipment (i.e. desktop/laptop)

Screen size & type (i.e. flat screen).....

This assessment form takes the form of a check list. The assessment is to be completed by the DSE user and then passed to the office manager who will take corrective action so far as is reasonably practicable to reduce or eliminate the risk. The assessment will be reviewed annually or if there are any changes to the regulations or any alterations to the place of work that may affect the work station.

Equipment		Yes	No (Please state if this is a problem)
Display Screen	Is the image on the screen stable?		
	Are you able to adjust the brightness and contrast?		
	Does the screen swivel and tilt?		
	Is the screen free of reflective glare and reflections?		
Keyboard	Are you able to move the keyboard to find a comfortable position?		
	Is there space in front of the keyboard to support your hands and wrists?		
	Can you read the symbols on the keys clearly?		
Work Surface	Do you have sufficient space to work comfortably?		
	Is the work surface non-reflective and free from glare?		
Seating	Is the chair comfortable?		
	Is it stable?		
	Is it adjustable in height?		
	Is the seat back adjustable in height and tilt?		

Posture	Are you able to work in a position where your back is straight?		
	Are you able to work in a position where your lower back is supported?		
	Are you able to work in a position where your upper arms hang relaxed at your sides?		
	Are you able to work in a position where your head is up, with eye-level just above the top of the screen?		
	Are you able to work in a position where your wrists are straight, in line with your hands and forearms?		
	Are you able to work in a position where your knees are level with your hips?		
	Are you able to work in a position where your feet are flat on the floor or on a footrest?		
	Following periods of DSE work are you free from discomfort, muscle strain or soreness of the joints or limbs that you feel have been caused by the work?		
Lighting	Is there adequate lighting in your place of work?		
	Are you able to control the lighting (for instance are there blinds or curtains on the windows?)		
	Is your field of vision free from distracting lights or reflections whilst viewing the screen?		
Heat	Do you find the temperature at your work area satisfactory?		
	Job Design and Work Organisation		
	Do you have any control over how and when you undertake your various DSE tasks?		
	Do you ensure that you spend approximately 5 minutes every hour away from the DSE doing work of a different nature?		
	Eyes and Eyesight		
	Are you aware that you may request a free eyesight test?		
	Do you wear glasses/contact lenses?		
	Can you read the characters on the screen clearly?		

Is there anything not covered in this checklist which you wish to mention?

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Signed

Assessor's Statement

The assessment has been completed. The following items require action.

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Name

Position

Date

Signature