



<b>Policy:</b>	<b>DSE User Assessment</b>	<b>Reference:</b>	<b>DSUSES0016</b>
		<b>Review Date:</b>	<b>05/2023</b>

To be reviewed every 2 years or following a significant change.

The purpose of this assessment is to establish the compliance of your workstation with the current Health and Safety (Display Screen Equipment) Regulations 1992. In order to assess your workstation, we would like to ask for your co-operation in completing this assessment.

We would suggest that you read the questionnaire first then after a single working day complete the questions as accurately as possible. This period should allow you adequate reflection on your working environment and workstation.

Should you have any queries regarding the questionnaire please contact management.

Completed questionnaire should be returned to your Line Manager.

<b>Date of Assessment:</b>	
<b>Name of Assessed:</b>	
<b>Area / Office:</b>	
<b>Date:</b>	
<b>Brief Job Description:</b>	

1. Do you use Display Screen Equipment (DSE)? Yes / No
2. Do you use DSE every day? Yes / No
3. If no, how many days a week do you operate DSE? \_\_\_\_\_
4. Time spent on DSE per day/week \*(delete as appropriate) \_\_\_\_\_ hrs.
5. Have you received any training for using DSE? Yes / No
  - a. e.g., positioning, posture, seat height/adjustment, etc.
6. Do you consider that you require any training for the use of DSE? Yes / No
7. Date of your last eye test. \_\_\_\_\_

<b>1 Display Screen</b>		<b>Answer Yes or No</b>	<b>Assessors Comments.</b>
a	Is the screen perceived as being flicker free? (individuals have different perceptions of flicker and it may be necessary to change the display for certain users)		
b	Are the brightness and contrast easily adjustable?		
c	Does the screen swivel and tilt independently of any other equipment?		
d	Does the screen have an independent base or an adjustable table?		
e	Is the screen free of reflection and glare?		
f	Are the characters on the screen well defined and clearly formed?		
g	Is there adequate spacing between characters and lines?		
h	Are the characters of adequate size?		
<b>2 Keyboard</b>		<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Does the keyboard tilt?		
b	Is the keyboard separate from other components?		
c	Is sufficient space available in front of your keyboard to allow support for your hands or arms?		
d	Does the keyboard have a matt, non-reflective surface?		
e	Does the arrangement and characteristics of the keyboard make it easy to use?		
f	Are the symbols on the keys clearly visible from the working position?		
<b>3 Work Desk / Surface</b>		<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Is the work surface large enough to allow a flexible arrangement of the equipment, including ancillary equipment such as printers or telephones, if in use?		
b	Is a document holder provided?		
c	Are you able to adjust the document holder in order to minimise uncomfortable head movements?		
d	Is there adequate space for you to find a comfortable position?		
e	Is your work surface free from glare?		

#### Display Screen Equipment Self-Assessment Questionnaire.

<b>4 Work Chair</b>		<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Is your chair stable and does it incorporate 5 castors?		
b	Is the seat adjustable in height?		
c	Is the seat back adjustable in height and tilt?		
d	Is a footrest available for any user who requires it?		
e	Does your work chair allow easy freedom of movement and leave you able to find a comfortable position?		
<b>5 Environment</b>		<b>Answer Yes or No</b>	<b>Assessors Comments</b>

a	Is the workstation large enough to provide sufficient space and allow for changes of position and movement by the operator?		
b	Is your workstation positioned such as to reduce any risk of glare from windows and artificial lighting etc?		
c	Are the windows provided with a suitable system of adjusting the amount of daylight that falls on workstations i.e., blinds or screens etc?		
d	Is the noise emitted by the equipment suitably controlled so as not to distract attention or disturb normal speech?		
e	Is the heat and humidity adequately controlled?		
f	Is the level of lighting in the room satisfactory?		
g	Is the quality / location of the artificial lighting adequate for your work needs?		
<b>6</b>	<b>Software</b>	<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Is the software that you use suitable for carrying out your work?		
<b>7</b>	<b>Job</b>	<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	How much time, is spent by you, on the V.D.U.? (hours per day)		
b	Is the work on the V.D.U. interspersed with other activities?		
c	How much concentration does the work require? (1 = minimum, 2 = moderate, 3 = maximum)		
d	How critical is the concentration of the user? (1 = not critical 2 = moderately, 3 = very)		
e	Is a feedback system monitoring your workload?		
f	Can work be carried out at your own pace?		
<b>8</b>	<b>Posture &amp; Furniture</b>	<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Is sufficient adjustment of seat, backrest, keyboard, and screen available to you?		
b	Are your shoulders, upper limbs, and neck free from aches, pains or numbness when working at your DSE?		
c	Are your hands and fingers free from pins and needles and / or tingling when working at a V.D.U.?		
d	Are your joints unrestricted and free to move?		
e	Are your fingers, hands, and wrists free to move without causing discomfort?		
f	Have you re-arranged the workstation or adjusted the furniture to suit your own needs?		
<b>9</b>	<b>Visual Factors</b>	<b>Answer Yes or No</b>	<b>Assessors Comments</b>
a	Is your vision (regardless of whether you wear spectacles or contact lenses) satisfactory?		
b	Is your display screen easy to read?		
c	Are you able to re-focus from the screen to source documents?		
d	Are you free from eye discomfort, focusing difficulties and headaches when working at a V.D.U.?		
e	Is your display screen free from reflection and glare? (bear in mind that reflections from windows move during the course of the day)		

f	Is the screen and ancillary equipment maintained in clean condition?		
g	Do you have access to suitable cleaning materials for your V.D.U. or workstation?		
h	Is your workstation free from any badly positioned or badly balanced equipment?		
<b>10</b>	<b>Training</b>	<b>Answer Yes or No</b>	<b>Assessors Comments</b>
<p><i>Your office safety training should have covered the following aspects of work with Display Screen Equipment. The following questions are designed to assess the effectiveness of this training in your own instance. Are you aware of the symptoms and effects and understand the risks of the following hazards?</i></p>			
a	Muscular skeletal disorders.		
b	Eye strain and eyesight disorder		
c	Glare and incorrect lighting contrast		
d	Improper seating and chair comfort		
e	Other possible effects such as:		
	Epilepsy		
	skin disorders		
	Radiation		
	effects on pregnant women		
	Are you aware of and understand the following measures for the reduction of risk?		
f	Comfortable posture		
g	How to arrange workstation components		
h	The importance of change in posture		
i	How to adjust seating		
j	How to obtain footrests		
k	How to avoid glare		
l	How to clean equipment		
m	The purpose and use of rest breaks from the screen		
n	How to adjust the brightness and contrast controls.		
o	Are you aware that sources of light such as windows can cause reflection or glare on the screen?		
p	Are you aware that blinds can be used to reduce the amount of glare and reflection on the screen?		



**Display Screen Equipment Assessment Questionnaire Summary.**

Display Screen		Keyboard		Work Desk		Work Chair		Environment	
Question	"No" Answers	Question	"No" Answers	Question	"No" Answers	Question	"No" Answers	Question	"No" Answers
1.a.		2.a.		3.a.		4.a.		5.a.	
1.b.		2.b.		3.b.		4.b.		5.b.	
1.c.		2.c.		3.c.		4.c.		5.c.	
1.d.		2.d.		3.d.		4.d.		5.d.	
1.e.		2.e.		3.e.		4.e.		5.e.	
1.f.		2.f.						5.f.	
1.g.								5.g.	
1.h..									
Software		Posture/Furniture		Training		Sketch or Photo of Workstation			
Question		Question		Question					
6.a.		8.a.		10.a.					
		8.b.		10.b.					
<b>Nature of Job</b>		8.c.		10.c.					
Question		8.d.		10.d.					
7.a.		8.e.		10.e.					
7.b.		8.f.		10.f.					
7.c.		<b>Visual Factors</b>		10.g.					
7.d.		Question		10.h.					
7.e.		9.a.		10.i.					
7.f.		9.b.		10.j.					
		9.c.		10.k.					
		9.d.		10.l.					
		9.e.		10.m.					
		9.f.		10.n.					
		9.g.		10.o.					
		9.h.		10.p.					

Please sign and date this form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_