# Appendix C Display Screen Equipment Self-Assessment Form

The purpose of the Display Screen Equipment Regulations is to safeguard employees by ensuring their working environment is comfortable, efficient and suits them and their job as required by Health and Safety legislation.

Please work through the assessment questionnaire checklist and ensure all equipment is properly positioned and adjusted for safe use. If you find a problem, please refer to the recommendation boxes and see if you can fix it yourself by making the suggested adjustments.

If you find a problem which cannot be fixed by simple adjustment, please record the issue on this form and discuss it immediately with your line manager. If you think your health is being adversely affected by your computer use (i.e., if you are experiencing headaches, eyestrain, discomfort in hand/wrist/forearm, numbness, pins, and needles) or if you have a health problem that makes computer use difficult, please contact your Line Manager as soon as possible.

**(Please note: if you spend a considerable amount of your employed time working from home you will need to complete two separate assessments – one for your working set up at home and another your normal office location)**

**It is your responsibility to report any symptoms that persist for more than 3 days.**

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| **Surname:** |  | **First Name:** |  |
| **Your Base Location:** |  | **Manager:** |  |
| **Your Tel No:** |  | **Date:** |  |
| **Your email address** |  | **Managers email address** |  |

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| **OFFICE FURNITURE** | **YES** | **NO** |
| Have you adjusted your chair to be comfortable and supportive? |  |  |
| Is your workstation large enough for documents/holder/monitor/keyboard? |  |  |
| Are your feet flat on the floor or supported by a footrest? |  |  |
| Are you comfortable whilst sitting at your desk? |  |  |

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| **RECOMMENDATIONS FOR OFFICE FURNITURE** |
| The desk should be a minimum of 80cm in depth.  The chair should be stable and should be sufficiently adjustable to allow the user to achieve free movement and a comfortable position.  Feet should be flat on the floor or use a footrest if needed.  A height adjustable document holder may help to reduce awkward and repetitive head/neck movement. |

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| **COMPUTER SCREEN** | **YES** | **NO** |
| Are your head and neck in a comfortable position when viewing the screen? |  |  |
| Are the characters on the screen readable? |  |  |
| Is the image free from flicker and/or movement? (If no, please contact IT) |  |  |
| Are the brightness/contrast buttons appropriately adjustable? |  |  |
| Is the screen free from glare and reflections? |  |  |

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| **RECOMMENDATIONS FOR COMPUTER SCREEN** |
| * Ensure screen surface is clean. * Place the screen at a comfortable reading distance (should be approximately 45-75cm away from you). * The screen should be directly in front of you to read if most of the time or to the side if you refer to it occasionally. You must always sit straight to the screen, never twisted to one side. * Ensure the keyboard is in line with the screen and you can do your main task without excessive twisting. * Text should be large enough to read easily, if not consider changing the size of the font. * Adjust brightness/contrast of screen so that characters are readable. * The screen should be free from glare and/or reflection – the use of blinds may be beneficial. |

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| **KEYBOARD & MOUSE** | **YES** | **NO** |
| Are your forearms horizontal and wrists straight when typing? |  |  |
| Do you have enough space in front of the keyboard for a wrist rest or to rest your hands? |  |  |
| Are the characters on the keys readable? |  |  |
| Does your mouse feel comfortable in your hand? |  |  |
| Do you experience any physical difficulties or discomfort from using a mouse? |  |  |
| When using the mouse are your wrists and shoulders in a comfortable position close to the side of your body? |  |  |

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| **RECOMMENDATIONS FOR KEYBOARD & MOUSE** |
| * It Is recommended that wrists are straight; this may be helped by the use of a wrist support, which will also provide support for the forearm. * Minimum distance between desk edge and front of keyboard – 5cm. * Do not grip the mouse. * Mouse mats with gel mounds for wrist support may be of benefit. * When not using it, remove your hand completely from the mouse. * Position your mouse so that it is close to your body to keep correct alignment of the shoulder. * If you have a shoulder problem, the use of a keyboard with separate number pad may help. |

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| **LAPTOP USE** | **YES** | **NO** |
| If you use a laptop, are you free from upper limb, neck, lower back or other musculoskeletal discomfort? |  |  |

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| **RECOMMENDATIONS FOR LAPTOP USE** |
| Portable DSE equipment such as laptops and notebook computers are subject to the DSE Regulations. Advice for use with such equipment is as below.   * There may be inherent ergonomic disadvantages of using portable DSE equipment. Use of a docking station or a laptop converter kit may reduce these problems. * When using portable equipment more frequent breaks and/or changes of activity are required than when using conventional PC. * Consider the manual handling aspects of your laptop use to reduce risk, such as using a backpack for transportation. * Think safety. Remember the risk of theft from your person or when the laptop is unattended. |

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| **WORK PATTERN AND PACE** | **YES** | **NO** |
| Does your work pattern and pace of work allow regular change in posture and time away from the VDU? |  |  |

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| **RECOMMENDATIONS FOR WORK PATTERN AND PACE** |
| * Alternate your work tasks so you are not sat at the computer for more than one hour at a time. Work pace should allow for this. Varying work routine is important. * Five minutes away from the computer every hour is advised as a minimum. |

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| **SOFTWARE** | **YES** | **NO** |
| Are you able to use the software on your computer and does it meet your needs at work? |  |  |

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| **RECOMMENDATIONS FOR SOFTWARE** |
| The software should be suitable for the task and the user adequately trained in its use. |

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| **ENVIRONMENT** | **YES** | **NO** |
| Is there enough room to change position and vary movement? |  |  |
| Is the lighting suitable? |  |  |
| Are levels of noise comfortable? |  |  |
| Are levels of heat comfortable? |  |  |

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| **RECOMMENDATIONS FOR ENVIRONMENT** |
| * Consider re-Organising the office layout and check for obstructions. Space is needed to move and stretch. * Users should be able to control light levels e.g., by adjusting window blinds or light switches. * Consider moving sources of noise such as printers, away from the user. * Can heating be better controlled. Circulate fresh air as possible. |

**Has this checklist covered all problems that you may have or had working with DSE and not been previously addressed by a DSE assessment? If not, please list any additional issues you may have in relation to DSE use to enable your Line manager to consider or allow any reasonable adjustments required and refer further for specialist advice if necessary.**

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| **Additional issues to be discussed with Line manager** |
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| **Your Signature:** |  | **Date:** |  |

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| **Manager Signature:** |  | **Date:** |  |

**Once Form Completed managers retain one copy in Employees P file. (Electronic or physical)**

**If further assessment is required, please ensure you follow your Place DSE / Occupational Health provider referral route.**