

Display Screen Equipment Assessment Form

Person/Post Assessed:

Location:

Initial Assessment	YES	NO
Does the person depend on Display Screen Equipment (DSE) to do their job (i.e. no alternative)?		
Does the person have no choice about using DSE?		
Does the person need particular skills and significant training in the use of DSE to do the job?		
Does the person normally use DSE for spells of more than one hour?		
Does the person usually use DSE daily?		
Is the fast transfer of information between user and screen an important requirement of the job?		
Does the system require high levels of concentration by the user, for example where error may be critical?		

If the majority of the answers to the Initial Assessment are **yes** then the subject can be considered to be a DSE 'user'. The 'Detailed Assessment' will need to be completed – see below. The **incorrect** statement below should be deleted.

From the findings of the initial assessment it is concluded that the person being assessed is a user of Display Screen Equipment.
Date: _____ Signed: _____

Element 1 - The Display Screen	YES	NO
Are screen characters well-defined and of adequate size and spacing?		
Are screen images flicker-free and stable?		
Can screen brightness and contrast be adjusted?		
Is the screen free from glare and reflection?		
Is the screen positioned correctly to enable comfortable use?		
Is a screen cleaning kit provided?		

Element 2 - The Keyboard	YES	NO
Can the keyboard be tilted?		
Is the keyboard separate from the terminal?		
Does the keyboard have a non-reflective surface?		
Are the keyboard characters clearly defined?		
Are the keys comfortable to use?		

Element 3 - The Work Desk	YES	NO
Is the work desk large enough for all the equipment?		
Are the surfaces non-reflective?		
Is there a document holder available, if required by the user?		
Is there sufficient space in front of the keyboard to allow users to rest hands/wrist?		

Element 4 - The Work Chair	YES	NO
Is the work chair stable?		
Can the chair be height-adjusted?		
Can the backrest be adjusted for height and tilt, independently of the seat height?		
Can both feet be placed on the floor when in a comfortable working position?		
Is a footrest available if required by the user?		

Element 5 - The Environment	YES	NO
Is there sufficient space for comfortable handling of documents and telephone, etc?		
Is the lighting adequate at the workstation?		
Is the general lighting adequate to prevent excess lighting contrast when the user looks away from the screen?		
Is the temperature at the workstation comfortable?		
Are heat levels emitted by the equipment under control?		
Are noise levels at the workstation comfortable?		
Is ventilation of the area adequate and comfortable?		
Is the relative humidity comfortable? (Complaints about dry facial skin, sore eyes)		

Element 6 - Health	YES	NO
Is the user free of eyesight problems?		
Has the user requested or been offered an eyesight test?		
Where appropriate, does the identified user wear eye correction provided as a result of an official eyesight test?		
Is the user free of aches, pains, or sensory loss (tingling or pins and needles) in the neck, shoulder or upper limbs?		
Is the user free of restricted joint movement, impaired finger movements or grip or other disability?		
Is the user free of fatigue or stress?		

Element 7 - Training, Information and Work Planning	YES	NO
Has the user received training in the use of DSE and software system(s)?		
Has the user received training in identifying and correcting workstation hazards, including equipment adjustments?		
Is there a written record of the identified users training and is it up to date?		
Has the work been planned to include breaks and changes in activity to avoid excessive exposure to DSE work?		

Considering the answers, what is your overall assessment of the risk of injury?

Insignificant / Low / Medium / High

(If the answer to any question is NO, then action will be taken to correct the problem.)

Name of Assessor: Date:

The following action should be taken to correct the problems identified above.

Comments and Corrective Action

Name of Assessor: Date:

Issued to: Date: