

Occupational Health CONFIDENTIAL OHF34

Display Screen Equipment (DSE) 'User' Workstation Assessment Checklist

Following the completion of training and information on the safe use of display screen equipment (DSE) this self-assessment checklist should be completed by the 'user' with assistance from the DSE assessor if necessary.

Where the user works regularly at different workstations a separate assessment should be completed.

| Name of DSE user | | Job title | | | | | | | |
|---|--------------------------|--------------------|---------|----------------|--|--|--|--|--|
| Location / workstation | | | | | | | | | |
| Checklist completed by: | | Date of assessment | | | | | | | |
| Complete the rest of the checklist and then return to this page and complete the sections below | | | | | | | | | |
| Action taken during the | e assessment to reduce r | isks | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 5 | | | | | |
| Further action to be tak | en to reduce risk | By whom | By when | | | | | | |
| | | | | Date completed | | | | | |
| | | | | | | | | | |
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Review date: August 2024

Please tick Yes or \emph{No} as appropriate for each question and discuss any remedial action with your supervisor and /or DSO is.

| Tick Risk factors answe | | | If 'no'- some things to | Action needed | |
|--|-----|----|--|---------------|--|
| | Yes | No | consider | | |
| 1. Chair | • | | | | |
| Is the chair in good condition and stable? | | | Is it a suitable chair or if faulty check whether it is still | | |
| Is the seat height adjustable? | | | under guarantee - chairs are mostly guaranteed for 5 years. | | |
| Is the back height adjustable and tiltable? | | | | | |
| Are the castors suitable for the type of flooring? | | | Hard castors are suitable for carpet. Soft / rubberised castors or "glides" are recommended for vinyl / hard floors. | | |
| 2. Display Screen | | | | | |
| Does the screen swivel and tilt? | | | Is it damaged or unsuitable? | | |
| Are the brightness and contrast adjustable? | | | Adjust them for comfortable viewing – they may need adjusting during the day as ambient lighting conditions change. | | |
| Is the display screen image clear and free from flicker? | | | Sometimes different screen colours e.g. lighter text on a darker background can help Sometimes other electrical equipment (e.g. fans) close by may cause interference. Flat screens are not usually subject to flicker. Contact IT support to see if screen needs replacing. | | |
| Is the display screen clean? | | | Cleaning materials should be made available e.g. order via normal departmental purchasing route | | |
| Is the screen free from disturbing reflections? | | | Move the screen to avoid the reflection. Screen the light source e.g. window blinds. Colour schemes with dark text on a light background are less susceptible to reflections. | | |
| 3. Keyboard and mouse | | | | | |
| Are keyboard symbols legible? | | | Replace keyboard. | | |
| Is the keyboard free from reflection and glare? | | | | | |

| Risk factors | Tick answer | | If 'no'- some things to | Action needed | |
|--|----------------|----|--|---------------|--|
| | Yes | No | consider | | |
| Is the keyboard separate from the screen? | | | Laptops and notebooks are not recommended for prolonged use – try to use a | | |
| | | | desktop PC. If laptop or notebook use is unavoidable, consider a separate mouse/keyboard for the laptop and support for the | | |
| Con the year find a | | | laptop/screen. | | |
| Can the user find a | | | Can the screen be pushed back to make more room for | | |
| comfortable keying position? | | | the keyboard, hands and | | |
| position: | | | wrists? | | |
| Does the user have a | | | Check that the users hands | | |
| good keyboard | | | are not bent up or down and | | |
| technique? | | | that they don't hit the keys too hard or overstretch their | | |
| | | | fingers | | |
| Is the mouse or other | | | If the user finds their mouse | | |
| input device right for the | | | uncomfortable request | | |
| job? | | | suitable alternative | | |
| Does the mouse work | | | Check that the mouse is | | |
| smoothly and at a comfortable speed? | | | clean and if used the mat is suitable | | |
| Is the mouse close | | | Advisable for the mouse to | | |
| enough to the user? | | | be positioned next to the | | |
| | | | keyboard and close to the | | |
| | | | user to avoid over stretching | | |
| Are the user's wrists and | | | the arm Ensure user comfortable with | | |
| forearms supported? | | | the forearm supported on the | | |
| • • | | | desk. | | |
| 4. Work surface | ı | | | | |
| Is there adequate space | | | Could some items be moved | | |
| in front of keyboard to rest the wrists when not | | | to create more room e.g. printer, system unit, | | |
| keying? | | | reference material? | | |
| Is there adequate space | | | Would different storage | | |
| on the work surface to | | | facilities create more room? | | |
| accommodate and allow a | | | Flat screens take up far less | | |
| flexible arrangement of | | | room than the CRT screens. | | |
| the equipment? | | | Is a larger work surface needed? | | |
| Is space under the desk | | | The space under the desk | | |
| adequate? | | | should be kept clear and not | | |
| Does the space allow the | | | used for storage. | | |
| user to change position? Is the work surface matt | | | Should it be replaced with a | | |
| and non reflective? | | | matt surface? | | |
| and non follotive: | l | | matt sundo: | | |

| Risk factors | Tic ans Yes | If 'no'- some things to consider | Action needed |
|--|-------------------|--|---------------|
| Is the area free from sharp corners / edges, trailing cables? | | Could sharp corners be refashioned or removed? Does the desk have a cable management system that could be used? Can the cables be better arranged? | |
| 5. Work Environment | | | |
| Is the noise level acceptable and without excessive distraction in the work area? | | Could they be relocated or avoided? | |
| Is the noise at a level that doesn't interfere with the ability to hear normal speech or effect concentration? | | Can the source of the noise be repositioned? Can equipment noise be reduced e.g. by servicing / replacing / insulation? If not, could sound insulating screening / partitions be used | |
| Are the lighting levels suitable? | | Ask EM for help with trying alternative bulbs / light fittings | |
| Is the environment free from glare e.g. light shining in the user's eyes? | | Can the user move to avoid the light source? Can the light source be screened e.g., blinds | |
| Apart from unavoidable exceptions e.g., heat waves, are the temperature and humidity levels acceptable? | | If dry atmosphere – plants may help, or if severe discomfort a humidifier | |
| 6. Software | | | |
| Is the software appropriate and easy to use? | | Has the user had appropriate training? Is better software available? | |
| Is the software adequate for the job? Is the system's speed | | Discuss with manager and / or IT helpdesk advice? Does the system need | |
| adequate? | | upgrading? Ask IT for advice | |
| 7. Posture Is the head positioned upwards and with the eyes looking forward most of the time? | | What are they looking at? Would a document holder help? Does the screen need raising / lowering / moving in front of the user? If looking at the keyboard — would learning to touch type help? | |

| Risk factors | ck wer No | If 'no'- some things to consider | Action needed |
|---|-----------------|---|---------------|
| Are the shoulders relaxed and not hunched? | - | Is the seat too low? Are the chair armrests too high? | |
| Are the upper arms held close to the body? | | Can the items they are using be moved closer? Is the user holding their hand on the mouse when not using | |
| Are frequently used items in easy reach and over stretching to reach them avoided? | | it? Is something preventing them getting close enough to the desk? | |
| Are the forearms and wrists in a neutral position? | | Can the user sit with their upper arms relaxed by their sides, and forearms and wrists horizontal? Try adjusting the seat height. Try altering the keyboard angle. | |
| With the chair at the correct height are the feet supported? | | Try a footrest | |
| Is the mouse held comfortably in the correct position and not too tightly? | | Is the user holding a mouse shaped for the right hand in their left hand? Is the mouse too small? Could the user try relaxing their grip on the mouse? Is the mouse clean, functioning properly, and on an appropriate surface? | |
| Is the lower back supported? | | Is the backrest adjusted so that it supports the curve in the lower back? Are they are leaning forwards to get closer to the screen, or to reach things? Are they sitting away from the backrest because the seat is too deep to sit back? If they sat back in the chair would the armrests stop them getting close enough to the desk? | |
| Are they free from uncomfortable pressure on the underside of the thighs? | | Is there sufficient padding on the chair? Is the chair too deep? Could the seat pan be tilted downwards slightly? Is a footrest necessary? | |
| 8. Work organisation | | | |
| Does the user take regular breaks from prolonged periods of work e.g. a break or change of activity after an hour or more | | Varying work tasks, taking short frequent breaks e.g. to get up and walk about. Ensure lunch breaks are taken (away from the workstation). | |

| Risk factors | Tick answer | | If 'no'- some things to | Action needed | | |
|--|--|----------|--|---------------|------------|----------|
| | Yes | No | consider | | | |
| Does the user feel able to cope with the demands of their work? | | | Has the workload increased? Has the work changed – do they have the appropriate skills / training? Do they have little control over their work / work methods? | | | |
| Other considerations | | ı | | | | |
| Is the viewing distance to the screen acceptable? | | | Adjust the distance of the screen. A flat screen can be helpful in creating a greater viewing distance. It may be helpful to alter the text size. | | | |
| Are they free from any other problems that could be related to their DSE work not covered by the assessment? | | | Do they need help from Occupational Health? | | | |
| | Univers | ity's DS | lease circle) SE policy and accompanying guide work itself e.g., pace, workload | | Yes Yes | No No |
| Does the user believe that t | Does the user believe that their work with DSE is causing any discomfort, aches or pain? | | | | | No |
| Is there anything not covered in the assessment that the user would like to mention? | | | | | Yes | No |
| | | | | | | |

DSE User signature ______ Date _____

Date _____

Manager's signature