

DSE GUIDANCE 3

DETAILED ASSESSMENT OF DISPLAY SCREEN WORK

Name of Site:	
Person/Post Assessed:	
Location:	

Element 1 – The Display Screen		<i>Please Delete as appropriate</i>
1.1	Are screen characters clear and readable and the text size comfortable to read?	YES/NO
1.2	Are screen images free of flicker and jitter?	YES/NO
1.3	Can screen brightness and/or contrast be adjusted?	YES/NO
1.4	Is the screen free from glare and reflection?	YES/NO
1.5	Is the screen positioned correctly to enable comfortable use?	YES/NO
1.6	Is a screen cleaning kit provided?	YES/NO
1.7	Does the screen swivel and tilt?	YES/NO
Element 2 – The Keyboard		
2.1	Can the keyboard be tilted?	YES/NO
2.2	Is the keyboard separate from the screen?	YES/NO
2.3	Are the keyboard characters easily readable?	YES/NO
2.4	Is it possible to find a comfortable keying position?	YES/NO
2.5	Does the user have a good keyboard technique?	YES/NO

Element 3 – The Work Desk		<i>Please Delete as appropriate</i>
3.1	Is the work desk large enough for all the equipment, papers, etc?	YES/NO
3.2	Are surfaces free from reflection and glare?	YES/NO
3.3	Is there a document holder available, if required by the user?	YES/NO
3.4	Can the user comfortably reach all the equipment and papers they need to use?	YES/NO

Element 4 – The Work Chair		<i>Please Delete as appropriate</i>
4.1	Is the chair suitable	YES/NO
4.2	Is the work chair stable?	YES/NO
4.3	Can the chair be height-adjusted?	YES/NO
4.4	Can the backrest be adjusted for height and tilt independently of the seat height?	YES/NO
4.5	Can both feet be placed on the floor when in a comfortable working position?	YES/NO
4.6	Is a footrest available if required by the user?	YES/NO
4.7	Are forearms horizontal and eyes at roughly the same height as the top of the VDU?	YES/NO
4.8	Is the small of the back supported by the chair's backrest?	YES/NO
Element 5 – The Environment		
5.1	Is there enough room to change position and vary movement?	YES/NO
5.2	Are the workstation and the lighting adequate– not too bright or too dim to work comfortably?	YES/NO
5.3	Is the general lighting adequate to prevent excess lighting contrast when the user looks away from the screen?	YES/NO
5.4	Are heat levels comfortable?	YES/NO
5.5	Are noise levels comfortable?	YES/NO
5.6	Does the air feel comfortable?	YES/NO

Element 6 – Mouse, Trackball, etc		<i>Please Delete as appropriate</i>
6.1	Is the device suitable for the tasks for which it is used?	YES/NO
6.2	Is the device positioned close to the user?	YES/NO
6.3	Is there support for the user's wrist and forearm?	YES/NO
6.4	Does the device work smoothly at a speed that suits the user?	YES/NO
6.5	Can the user easily adjust software settings for speed and accuracy of pointer?	YES/NO

Element 7 – Health		
7.1	Is the user free of eyesight problems?	YES/NO
7.2	Has the user requested or been advised of their entitlement to eye and eyesight testing?	YES/NO
7.3	Is the user free of aches, pains or sensory loss (tingling or pins and needles) in the neck, shoulder or upper limbs?	YES/NO
7.4	Is the user free of restricted joint movement, impaired finger movements or grip or other disability?	YES/NO
7.5	Is the user free of fatigue or stress?	YES/NO
7.6	Is the user taking regular breaks away from the VDU?	YES/NO
Element 8 – Training, Information and Work Planning		
8.1	Has the user received training in the use of DSE?	YES/NO
8.2	Has the user received training in identifying and correcting workstation hazards, including equipment adjustments?	YES/NO
8.3	Is there a written record of the identified users training and is it up to date?	YES/NO
8.4	Has the work been planned to include breaks and changes in activity to avoid excessive exposure to DSE work?	YES/NO

If the answer to any questions is NO then corrective action should be taken and recorded on DSE Guidance 4.

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

Insignificant ☐ Low ☐ Medium ☐ High ☐ (Please tick)

Name of Assessor: _____ Date: _____