



Display Screen Equipment (DSE) Workstation Self-Assessment Record

Legislation: The Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health & Safety (Miscellaneous Amendments) Regulations 2002

Northern House School Academy Trust –
Valley Park Campus

Location: *City of Wolverhampton / *PRU/ *Central Team

Type: *Desktop/ *Laptop

Department: _____

*Please delete as required

User Name (Please Print): _____

Date: _____

1. Display Screen:

- a) Are the characters clear, readable and text size comfortable to read?
- b) Is the image free of flicker and movement?
- c) Are the brightness and/or contrast adjustable?
- d) Does the screen swivel and tilt?
- e) Is the screen free from glare and reflections?
- f) Is the screen size adequate for the tasks required?

*Yes / No

*Yes / No

*Yes / No

*Yes / No/ N/A

*Yes / No

*Yes / No

Comments:

2. Keyboard:

- a) Is the keyboard tilt able?
- b) Is the keyboard separate from the screen?
- c) Can you find a comfortable keying position?
- d) Is there enough space to rest hands in front of the keyboard?
- e) Is the keyboard glare free?
- f) Is your keyboard technique good?
- g) Are the characters on the keys clear and readable?

*Yes / No/ N/A

*Yes / No/ N/A

*Yes / No

*Yes / No

*Yes / No

*Yes / No

*Yes / No

Comments:

3. Mouse, trackball etc.:

- a) Is the suitable?
- b) Is the device positioned close to the keyboard?
- c) Is there support for the device user's wrist and forearm?
(Support can be from the desk or chair arm)
- d) Does the device work smoothly at a speed that suits?
- e) Is your keyboard technique good?
- f) Can the speed and pointer be adjusted?

*Yes / No

*Yes / No

*Yes / No

*Yes / No

*Yes / No

*Yes / No

Comments:



<p>4. Furniture:</p> <p>a) <i>Is the work surface large enough for documents, monitor, keyboard etc.?</i></p> <p>b) <i>Is the surface free of glare reflections?</i></p> <p>c) <i>Is the chair stable?</i></p> <p>d) <i>Do the adjustments mechanisms work?</i></p> <p>e) <i>Are you comfortable?</i></p>	<p>*Yes / No</p> <p>*Yes / No</p> <p>*Yes / No</p> <p>*Yes / No</p> <p>*Yes / No</p>	<p><i>Comments:</i></p>
<p>5. Environment:</p> <p>a) <i>Is the environment around the workstation risk-free?</i></p> <p>b) <i>Is there enough room to change position and vary movement?</i></p> <p>c) <i>Are the levels of light, heat and noise comfortable?</i></p>	<p>*Yes / No</p> <p>*Yes / No</p> <p>*Yes / No</p>	<p><i>Comments:</i></p>
<p>6. Software:</p> <p>a) <i>Can you comfortably use the software?</i></p>	<p>*Yes / No</p>	<p><i>Comments</i></p>
<p>7. Other questions:</p> <ul style="list-style-type: none"> <i>Has this checklist covered all of the comfort problems you might have working with your VDU?</i> <i>Have you experienced any discomfort or other symptoms which you attribute to working with their DSE?</i> 	<p>*Yes / No</p> <p>*Yes / No</p>	<p><i>Comments</i></p>
<p>Signature: _____</p> <p><i>When completed please return to the Business Manager/ Facilities Manager</i></p>		

<p>Date Returned: _____</p>	<p>Signed: _____</p>
<p>Above user classed as a DSE 'User' - *Yes / No</p>	
<p>Action Required: *Yes / No</p>	<p><i>Next Annual Review – November 2018</i></p>