

# Display Screen Equipment (DSE)

INSERT COMPANY LOGO

This form is used to determine the potential risks associated with DSE activity. It is designed to take the 'DSE User' through a structured assessment process.

- All sections of the form must be completed by DSE users
- The completed form must be kept by your employer. Individual members of staff may keep a copy
- A separate DSE form is required for each 'user'

It is designed to help employees and employers review working practices and where necessary take steps to reduce the level of risk involved. Effective risk assessment and applying appropriate control measures together with training can help minimise the potential for injury and / or damage.



Answers in **unshaded** areas would suggest **lower risks**. You may still need to review your working practices and add comments. For example, you may have a stable seat that is adjustable for height but have never altered it!



**Shaded** boxes require **further action**, write any comments alongside and take the appropriate course of action. This could be a simple task within your control like regular cleaning of the keyboard, mouse and monitor (which can be done by the operator) or something that requires further discussion with the appropriate person in your organisation.

## DEFINING A USER TABLE

Before commencing with the form answer the questions in **Table 1** on page 8 use the guide at the bottom of the table to define whether or not you are a user. If you are not a user, only complete the 'Administration Details' at the top of the DSE Form. If you are a user complete ALL questions on the form.

## ADMINISTRATION DETAILS

If you are not a user complete the ADMINISTRATION DETAILS on page 2 and sign / date page 4. Remember to revisit this assessment if your circumstances change.

If you identify any problems or have a question note it down and bring it to the attention of the appropriate person in your organisation.

1. **Is the display screen image clear?** – This question is trying to establish the suitability of the image for you.
2. **Is the keyboard comfortable?** – You should not have to bend the hand at the wrist or overstretch the fingers. The keyboard must be separate from the screen.
3. **Does the furniture 'fit' the work and the user?** – Are you able to avoid repeated or awkward stretching movement, can you rearrange equipment, paper or work to avoid glare. Is the chair comfortable, fully adjustable and safe on the floor surface?
4. **Is the environment around the workstation risk free?** – You should be able to fidget, the office may need to be reorganised. Are the lighting levels suitable, not too bright or dim? Can you distance yourself from the source of noise or heat?
5. **Is the software user friendly?** – Have you had enough training in the use of the software, is it suitable for the task etc.?

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<b>Location of DSE</b>	
<b>Name</b>	
<b>Workstation number</b>	

## DISPLAY SCREEN EQUIPMENT CHECKLIST

Job Design	HOURS	
	YES	NO
1. What is the maximum total time spent by the user on the display screen		
2. Total hours worked per day		
3. Are there opportunities to take breaks away from the screen?		<input type="checkbox"/>
4. Is software suitable for the DSE tasks undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does user suffer from fatigue or stress?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the user received instruction / training?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

Posture Problems	YES	NO
1. Is the desk surface large enough to allow correct positioning of equipment and comfortable positioning of arms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the chair be adjusted to enable user to find a comfortable position?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the chair have castors or glides?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the seat stable and adjustable for height?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can user's feet touch floor or footrest?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can keyboard and screen be adjusted to allow user to find a comfortable position?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any document holder stable and properly located so that the user is comfortable using it?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does user get aches, pains or sensory loss (tingling or pins and needles) in neck, back, shoulder or upper limbs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does user experience restricted joint movement, impaired finger movement or grip or other disability?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

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Visual Factors	YES	NO
1. Is the text a comfortable size to read?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there reflection or glare on the screen from windows and lights that is unable to be resolved?	<input type="checkbox"/>	<input type="checkbox"/>
3. When user looks away from the screen does any part of the room seem too bright or too dark?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is screen cleaning kit provided and used regularly?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are brightness and contrast of screen satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is information on screen fuzzy, too small or flickering?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are keyboard symbols legible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does user have problems with vision, e.g. headaches, focusing difficulties, eye discomfort, difficulties seeing or reading the screen or source documents?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the user been given appropriate eye and eyesight test?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

General Safety	YES	NO
1. Are there any electrical hazards, e.g. worn or improperly connected cables?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any trip hazards, trailing cables?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a risk of walking into or dislodging badly positioned equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are working surfaces adequate in strength and stability?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does user know whom to contact with Health & Safety issues relating to DSE concerns?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

Other	YES	NO
1. Is ventilation adequate, e.g. no uncomfortable heat or draught?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is temperature and humidity at the workstation comfortable for the user?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is equipment too noisy, e.g. making normal conversation difficult?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the working space adequate?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

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Telephone Use	MINUTES	
1. How often in a 20 minute period would the user answer a telephone?		
	YES	NO
2. If constantly answering the telephone, has the user been supplied with a suitable headset?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the user answer the telephone and use DSE at the same time?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

Laptop Use		
DSE Regulations only apply when laptops are in prolonged use. If the user does not use the laptop or only uses it for short periods please disregard the following section.		
	YES	NO
1. Does the user need any additional accessories to enable comfortable operation / carrying? I.e. carrying case, docking station, remote mouse or keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the laptop be situated directly in front of the user?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the working area cramped?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can user rest the arms or wrists when using the track ball or glide pad for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does user need to place laptop on lap when in prolonged use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does user suffer from any stiffness, aches or pains associated with prolonged laptop use?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>		

## Any Other Observations

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## Certification Section

### Action Proposed

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### Certified the Above Information is Correct

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Users name *(please print)*

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Users signature

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Managers name *(please print)*

--

Managers signature

--

Date of assessment

--

Assessors signature

### Action Taken

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## NOTES

- a) It is your Manager's responsibility to ensure legal requirements concerning the health and safety of employees are fully covered.
- b) This checklist is intended to establish whether problems exist and the action required to ensure compliance with (a) above.
- c) The information must be passed to the appropriate person in your organisation so that action can be taken.
- d) For further information please refer to the HSE website, [www.hse.gov.uk/msd/dse/](http://www.hse.gov.uk/msd/dse/). If difficulties are experienced in completing this assessment please seek advice from the appropriate person within your organisation or contact Acorn Health and Safety at the address on page 1.

### Certified the Above Information is Correct

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Users name *(please print)*

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Users signature

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Managers name *(please print)*

--

Managers signature

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