

DSE ASSESSMENT FORM

RB HEALTH AND SAFETY SOLUTIONS

Name of Assessor

Name of user

Line Manager - *if applicable*

Location of workstation and number - *if applicable*

Description of tasks

Date of Assessment:

Premises Address

Is this a shared workstation?

Hours spend on DSE per week

Has there been any discomfort using this equipment?

Any further actions needed? Yes / No

Follow-up action completed on

1.0	Desk or Work Surface	Yes	No	Comments	Recommendation
1.1	Is there adequate space for you to find a comfortable working position?				
1.2	Do you have enough space to change position and vary your movements?				
1.3	Is it large enough for the work being undertaken and equipment required?				
1.4	Does it allow for adjustment of equipment?				
1.5	Is there enough room for storage?				
1.6	Is it at a suitable height to give leg clearance?				
1.7	Is there sufficient leg room with no obstacles?				



	Desk or Work Surface	Yes	No	Comments	Recommendation
1.8	Is there space in front of the keyboard to provide support for your arms and hands?				
1.9	Is a document holder provided? <i>(if necessary)</i>				

2.0	Chair	Yes	No	Comments	Recommendation
2.1	Is the chair in good repair?				
2.2	Does the chair allow freedom of movement?				
2.3	If your chair has arms, do they get in the way?				
2.4	Is the base stable (possessing 5 castors)?				
2.5	Is the seat height adjustable?				
2.6	Is there a back support?				
2.7	Is the back support adjustable for height and tilt?				
2.8	Is there suitable support for the lumbar (lower back) region?				
2.9	Can you place your feet on the floor? If not, is a footrest available?				

3.0	Display Screen	Yes	No	Comments	Recommendation
3.1	Does the monitor swivel and tilt in all directions?				
3.2	Is it at a suitable height and distance for viewing without strain?				
3.3	Are characters well defined, of equal size, adequately spaced?				



	Display Screen	Yes	No	Comments	Recommendation
3.4	Is the image stable, ie free of flicker?				
3.5	Are the brightness and contrast adjustable?				
3.6	Is the screen free of glare and reflection?				
3.7	Is the screen's specification suitable for its intended use?				
3.8	Are the brightness and/or contrast adjustable?				
3.9	Is it regularly cleaned?				

4.0	Keyboard	Yes	No	Comments	Recommendation
4.1	Is the keyboard separate from the screen?				
4.2	Can you raise or lower the keyboard height/tilt?				
4.3	Are the characters clear and readable?				
4.4	Is it possible to find a comfortable keying position?				
4.5	Is there sufficient space to rest your hands comfortably in front of it?				

5.0	Mouse & Trackpad	Yes	No	Comments	Recommendation
5.1	Is the device suitable for the tasks it is used for?				
5.2	Is there sufficient space for easy movement of the mouse?				
5.3	Is the device positioned close to the user?				
5.4	Is there support for the device user's wrist and forearm?				



	Mouse & Trackpad	Yes	No	Comments	Recommendation
5.5	Can the mouse be held and operated at a comfortable position?				
5.6	Can the buttons be clicked without undue force?				
5.7	Does the device work smoothly at a speed that suits the user?				
5.8	Can the user easily adjust software settings for speed and accuracy of pointer?				
5.9	Do you use the mouse / trackpad continuously for periods of more than half an hour?				
6.0	Lighting	Yes	No	Comments	Recommendation
6.1	Is the workstation suitably positioned relative to natural lighting?				
6.2	Are windows fixed with blinds or other relevant coverings?				
6.3	Do reflections and glare arise from natural lighting?				
6.4	Is the workstation suitably positioned relative to artificial lighting?				
6.5	Do reflections and glare arise from artificial lighting?				
6.6	Can you control local lighting?				

7.0	Environment	Yes	No	Comments	Recommendation
7.1	Is there enough room to change position and vary movement?				
7.2	Is the temperature comfortable?				
7.3	Is there noise, heat or fumes from adjacent equipment?				



	Environment	Yes	No	Comments	Recommendation
7.4	Is there outdoor noise or other noise which causes a distraction?				
7.5	Is the workplace ventilated adequately?				
7.6	Are floors and passageways in good condition and free from obstruction?				

8.0	Electrical	Yes	No	Comments	Recommendation
8.1	Are all plugs, sockets and switches in a good state of repair?				
8.2	Are they appropriately located for the equipment?				
8.3	Are any sockets overloaded?				
8.4	Is there any exposed wiring?				
8.5	Are there any trailing wires?				

9.0	Final Questions	Yes	No	Comments	Recommendation
9.1	Has the checklist covered all the problems they may have working with their DSE?				
9.2	Have they experienced any discomfort or other symptoms which they attribute to working with their DSE?				
9.3	Has the user been advised of their entitlement to eye and eyesight testing?				
9.4	Does the user take regular breaks working away from DSE?				



