

Part 1 Display screen equipment (DSE) assessment: User checklist

Please fill in the boxes below:

Date		Department	
User Name		Desk location/PC no	
User Signature		Telephone number	
Organisation		Manager's name	
Office Address		Assessor	
Job Title		Assessor signature	

Place a tick (✓) in the appropriate box for each item:

Item	Yes	No	N/A	Assessor On-site Correction
DSE Use				
1. Do you work with a display screen for more than 1 hour a day?				
2. Are you free from aches, pains or discomfort whilst at work?				
3. If you use a laptop / smartphone / tablet for work purposes can you use it comfortably?				
Chair				
4. Is your chair stable?				
5. Does your chair have a five star base?				
6. Is the seat adjusted to the correct height (with shoulders relaxed elbows just touching the desk surface, feet flat on floor or footrest, if you have a height adjustable desk move the desk to enable this position when feet are flat on the floor)?				
7. Is the small of your back supported by the chair's backrest?				
8. Is the back adjustable in height and tilt?				
9. If the chair is fitted with armrests do they allow you to get close enough to the desk?				
10. Can you operate all the controls?				
11. Is a suitable footrest provided (if required)?				
12. Can you attain and maintain a good working posture in the chair?				
Desk				
13. If you have a height adjustable desk, Is the desk at the correct height to allow you to have your feet flat on the floor shoulders relaxed when elbows are at right angles?				
14. If you have a height adjustable desk are you aware that you should sit for 40 minutes and stand for 20 minutes every hour to get maximum benefit?				
15. Is the desk large enough for the task including equipment and paperwork?				
16. Is the desk in good condition?				

Item	Yes	No	N/A	Assessor On-site Correction
17. Is a suitable document holder provided?				
18. Are cables tidy?				
19. Can you attain and maintain a good working posture at the desk?				
Display Screen				
20. Is the screen clean?				
21. Is the screen(s) approximately an arms length away from you and positioned adequately?				
22. Is the top of the screen in line with your horizontal line of sight?				
23. Can you tilt and swivel the screen?				
24. Can you adjust brightness and contrast?				
25. Are the characters on your screen clear and readable?				
26. Is the screen suitable for the tasks you undertake?				
27. Is the screen free from glare and reflections?				
Keyboard and mouse				
28. Is the keyboard separate from the screen?				
29. Does the keyboard have a tilt facility?				
30. Are the characters on the keyboard easily readable?				
31. Do all the keys work satisfactorily?				
32. Is the keyboard positioned optimally (a forearms length away from you)?				
33. Is there sufficient space in front of the keyboard?				
34. Is the mouse positioned optimally (by the side of the keyboard)?				
Environment				
35. Is the lighting adequate?				
36. Are you able to rest your eyes for a short while if needed?				
37. Is the temperature satisfactory?				
38. Is the ventilation satisfactory?				
39. Are noise levels appropriate?				
Computer				
40. Is the software suitable for the tasks you conduct?				
41. Is the computer working OK?				

Item	Yes	No	N/A	Assessor On-site Correction
Other Equipment				
42. Is the telephone within easy reach?				
43. Do you have a headset if you use the telephone significantly?				
General health and safety				
44. Are you aware of eyesight test arrangements for your company?				
45. Can you take breaks from the computer when you need to?				
46. Is your work area clear from other hazards (e.g. trailing cables, fire hazards, clutter)?				
47. Have you received workstation set-up training and information on setup?				