

DSE SELF-ASSESSMENT QUESTIONNAIRE

Surname: Forename:

Department: Date:

Under the **Health and Safety (Display Screen Equipment) Regulations 1992**, the company is required to perform a suitable and sufficient assessment of all workstations used by regular computer users.

Please read each question fully and answer by ticking either the Yes or No box. These questionnaires are retained and could form part of an evidence file used in support of any action taken in the future with regard to your health and safety (H&S).

- | | Y | N |
|--|--------------------------|--------------------------|
| A. Training and information | | |
| • Do you know how to adjust your workstation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you received adequate training in how to use the software? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you received adequate information on H&S relating to your workstation? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Posture | | |
| • Can you sit comfortably and easily change your posture? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can you adjust your equipment to a comfortable viewing position? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can you place your feet firmly on the floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Workstation/work surface | | |
| • Have you arranged your workstation to meet your specific needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there space in front of the keyboard to support your hands and forearms? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have sufficient legroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is your workstation and surrounding area free from obstructions and hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does most of your work require reading from hard copy documents? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If so, do you require a document holder? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Display screen | | |
| • Is the information displayed on your screen clear and easy to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can the brightness and contrast be adjusted easily? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the image on the screen stable and free from flicker? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is your workstation free from reflected glare? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the monitor swivel adequately in each direction? | <input type="checkbox"/> | <input type="checkbox"/> |

Y N

E. Keyboard

- Is the keyboard separate from the screen?
- Can the tilt of the keyboard be altered/adjusted?
- Are the key symbols easy to read?
- Does the keyboard have a matt surface to avoid reflected glare?

F. Work chair

- Is the chair comfortable and can the height and backrest be adjusted?
- Can all adjustments be made easily and safely?

G. Lighting

- Has your equipment been situated to avoid direct glare?
- Does the lighting allow you to work comfortably?

H. Other comments

- Do you know whom to contact if you experience problems with your workstation?
- Are there any other issues you wish to raise about your workstation?

If Yes, please give further details below:

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I. Eyesight

- Do you require an eyesight test?

Signed by staff member: Print Name: Date:

Signed by H&S Co-ord: Print Name: Date:

To be completed by H&S Co-ordinator (please include dates):

Action required

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