

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?
- Have you received adequate training in how to use the software?
- Have you received adequate information on H&S relating to your workstation?

B. Posture

- Can you sit comfortably and easily change your posture?
- Can you adjust your equipment to a comfortable viewing position?
- Can you place your feet firmly on the floor?

C. Workstation/work surface

- Have you arranged your workstation to meet your specific needs?
- Is there space in front of the keyboard to support your hands and forearms?
- Do you have sufficient legroom?
- Is your workstation and surrounding area free from obstructions and hazards?
- Does most of your work require reading from hard copy documents?
- If so, do you require a document holder?

D. Display screen

- Is the information displayed on your screen clear and easy to read?
- Can the brightness and contrast be adjusted easily?
- Is the image on the screen stable and free from flicker?
- Is your workstation free from reflected glare?
- Does the monitor swivel adequately in each direction?

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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