AURAretrofit
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Bridgwater House, Unit 2 Haywards Business Centre,
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Home Heating and Energy Solutions

PRIVATE AND CONFIDENTIAL

DSE (Display Screen Equipment) Assessment

EMPLOYEE DETAILS			
DSE Username:		Date of Assessment:	
Location:		User Signature:	

On completion of this DSE Assessment The user is to present The DSE Assessment to their manager. Managers are to check the document and address any recommendations.

Assessment Checked By:		Date Checked:	
Further Action Required:	Yes / No	Details:	
Follow up action completed:	Yes / No	Follow up action date:	
Managers Signature:			

Work through the checklist, ticking either the 'yes or no' column against each risk factor:

- 'Yes' answers require no further action.
- 'No' answers will require investigation and / or remedial action by the Manager. Any decisions should be recorded in the 'Actions to take' section.

1	**Display Screen**	**Y**	**N**
A	Is the screen free of flicker?		
B	Are the brightness and contrast easily adjustable?		
C	Does the screen swivel and tilt independently of other equipment?		
D	Does the screen have an independent base?		
E	Is the screen free from reflection and glare?		
F	Are the characters on the screen well defined and clearly formed?		
G	Is there adequate spacing between characters and lines?		
H	Are the characters of adequate size?		

2	**Keyboard**	**Y**	**N**
A	Does the keyboard tilt?		
B	Is the keyboard separate from other components?		
C	Is there enough space in front of your keyboard to rest your hands?		
D	Does the keyboard have a matt, non-reflective surface?		
E	Is the keyboard easy to use?		
F	Are the symbols on the keys clearly visible from the working position?		

3	Work Desk / Surface	Y	N
A	Is the work surface large enough so that it can be used without difficulty?		
B	Do you need a document holder, if so, is it provided?		
C	Are you able to adjust the document holder?		
D	Is there adequate space for you to find a comfortable position?		
E	Is your work surface free from glare?		

4	Work Chair	Y	N
A	Is your chair stable and does it incorporate 5 casters?		
B	Is the seat adjustable in height?		
C	Is the seat back adjustable in height and tilt?		
D	Is a footrest available for any user who requires it?		
E	Does your work chair allow easy freedom of movement and leave you able to find a comfortable position?		

5	Environment	Y	N
A	Is the workstation large enough to provide sufficient space and allow for changes of position and movement by the operator?		
B	Is your workstation positioned to reduce risks of glare from windows, artificial lighting etc.?		
C	Are the windows fitted with suitable means of controlling daylight such as blinds, curtains etc.?		
D	Is the noise emitted by the equipment suitably controlled so as not to distract your attention or disturb normal speech?		
E	Is the heat and humidity adequately controlled?		
F	Is the level of lighting in the room adequate for your needs?		
G	Is the quality /location of the artificial lighting adequate for your needs?		

6	Software	Y	N
A	Is the software that you use suitable for carrying out your work?		
B	Do you understand fully how to operate the software?		
C	Are you able to rectify basic application problems?		

7	Nature of your Job	Y	N
A	How much time do you spend using your display screen equipment (hours per day) on average?		
B	Is your display screen equipment work interspersed with other activities?		
C	How much concentration does the work require? (1=minimum / 2= moderate / 3=maximum)		
D	Is a feedback system monitoring your workload?		
E	Can work be carried out at your own pace?		

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8	Posture and Furniture	Y	N
A	Is sufficient adjustment of seat, backrest, keyboard and screen available to you?		
B	Are your shoulders, upper limbs and neck free from aches, pains or numbness when working on DSE?		
C	Are your hands and fingers free from pins and needles and/ or tingling when work-ing on DSE?		
D	Are your joints unrestricted and free to move?		
E	Are your fingers, hands and wrists free to move without causing discomfort?		
F	Is the workstation arranged or adjusted to suit your own needs?		

9	Any Other Comments

Declaration			
I declare that to the best of my knowledge and understanding the information I have provided on this form is both correct and accurate.			
Signature:		**Date:**	