

## Display Screen Equipment

## Risk Assessment (DSE/RA)

Name of User:		Software Downloaded:	
Department/Location of DSE:		Assessment:	
Assessment Carried out by:		Name:	

Attended Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DSE/RA Ref No.		Yes/No	Comments	and level of risk)	Action Required
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### 1. ABOUT THE USER

1.1	Does the User feel comfortable with the software and the equipment the use (i.e. understand how to operate it)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.2	Do they know how to obtain 'help' with the software, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.3	Do they find the software 'user friendly'?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.4	Do they consider their vision to be adequate for display screen work?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
1.5	Do they know how to report problems with their workstation or software?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DSE/RA Ref No.		Yes/No	Control level of risk)	Action Required
1.6	Are they right handed? (If no, does it present any problems with their work on DSE?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.7		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 2. THE DISPLAY SCREEN

2.1	Do they find the characters easy to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.2	Is the image on the screen stable (no 'flicker' etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.3	Can the brightness/contrast be altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.4	Can the screen angle be altered to suit the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.5	Is the screen clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.6	Does the user know the arrangements for cleaning the screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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DSE/RA Ref No.		Yes/No	Control measures (and level of risk)	Action Required
2.7	Can the screen be positioned at a comfortable distance from the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.8	Do they use a document holder? (If no, would they like to try one?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.9		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 3. THE KEYBOARD

3.1	Can the angle of the keyboard be adjusted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.2	Is there adequate space in front of the keyboard for the user to rest their wrists?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.3	Are keyboard characters easy to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.4	Do they know how to adjust the angle of the keyboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.5	Can the keyboard be positioned to enable the user's forearms to extend approximately horizontally?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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3.6	Is the layout of the keyboard characters familiar to the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.7	Where applicable, is there adequate free space for use of a 'mouse'?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.8		<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### 4. DAILY WORK ROUTINE

4.1	Do they have regular breaks from using the DSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.2	Is it recommended that they should not use the equipment for more than 1 hour without a break?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.3	Does allocation of work allow for breaks and sufficient time for long or complex tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.4		<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### 5. THE DESK

5.1	Is there adequate space for paperwork and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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DSE/RA Ref No.		Yes/No	Control measures (and level of risk)	Action Required
5.2	Is the desk surface in reasonably good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 6. THE CHAIR

6.1	Can the chair be moved to a comfortable distance close to the desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.2	Can the chair height be positioned to enable the user maintain an angle of 90 degrees at the knee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.3	Are all the castors in place, and moveable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.4	Can the chair swivel freely?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.5	Is the size of the seat adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.6	Is the seat height adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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DSE/RA Ref No.		Yes/No	Control Measures	Assessed level of risk)	Action Required
6.7	Is the upholstery in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.8	Do they know how to adjust the back rest?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.9	Are they happy with the back rest support?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.10	Can their feet reach the floor? (If no, do they require a foot rest?)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.11		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## 7. THE OFFICE ENVIRONMENT

7.1	Can windows be adequately covered by blinds/curtains?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.2	Would it be true to say that they <b>do not</b> suffer glare or other reflections on their screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.3	Do they consider lighting levels for the room to be adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DSE/RA Ref No.		Yes/No	Control measures (and level of risk)	Action Required
7.4	As a general rule, do they feel the ventilation is adequate? (If no, when do they consider it to be inadequate?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.5	As a general rule, do they feel the room temperature is suitable? (If no, when do they consider it to be unsuitable?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.6	As a general rule, do they consider the humidity of the room to be suitable? (If no, when do they consider it to be unsuitable?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.7	Do they consider noise levels to be acceptable? (If no, when do they consider it to be unacceptable?)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.8	Are trailing wires safely tacked away from feet or chairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.9		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employee Name:		Name:	
Signature:			
Date:			