

WARWICKSHIRE COUNTY COUNCIL

DISPLAY SCREEN EQUIPMENT (DSE) SELF ASSESSMENT FORM

This DSE self-assessment is undertaken in accordance with the Health and Safety (Display Screen Equipment) Regulations and is **only** to be completed by WCC employees **are Defined DSE Users**. Refer to the WCC DSE Policy for a full definition. Essentially a Defined DSE User is someone who **habitually** uses DSE as a **significant** part of their normal work.

Name of WCC Employee:

Group.....

Business Unit.....

Team.....

Date of Assessment:

SECTION A

The Defined DSE User should complete this section and can seek assistance from their manager if required. The questions will cover the complete DSE workstation, including questions on each element and will relate back to the training/ eLearning you have undertaken. **If you have not completed the training/eLearning please complete this before commencing this DSE self-assessment.**

Please tick **Yes or No** for each question. If required, please ensure that you have completed the action box to confirm whether or not you have been able to take the action(s) as described. Your manager will then agree a course of action with you if required to resolve the issue(s).

Display Screen	Yes	No	Action to take	Action taken Yes/No
Is the screen set squarely in front of you?			If no, please adjust the position of the screen as explained in the training/eLearning	
Is the screen set at the right height and tilt for your typing skill/eye-line?			If no, Please adjust the position of the screen as explained in the training/eLearning	

Does the screen swivel and tilt and adjust in height?			Swivel and tilt need not be built in but it can be arranged if required for your needs e.g. monitor arm. Please contact your manager if swivel and tilt are required for a comfortable typing position	
Is the screen free from glare and reflection?			If no, please Identify the source of glare/reflection and if necessary and able to; move the screen without affecting the correct working position. If you still unable to resolve this issue please contact your manager	
Is the image stable i.e. free from flicker?			If no, try using different screen colours to reduce flicker e.g. darker background and lighter text. If you still have problems please contact the ICT Service desk	
Is the text size comfortable to read?			If no, software settings may need adjusting to change text size. Please contact ICT Service desk for any queries on settings	
Is the screen's specification suitable for its intended use? (e.g. small detailed work requires larger display screens)			If no, please contact your manager to discuss	
Are the brightness and contrast adjustable?			If no, facilities to adjust should be provided within the screen. If you still have problems please contact the ICT Service Desk	

Keyboard	Yes	No	Action to take	Action Taken Yes/No
Is the keyboard set squarely in front of you?			If no, please adjust the position of the keyboard as explained in the training/eLearning	
Is the keyboard separate from the screen? (This also applies if you use a laptop)			If no, consult your manager as this is a requirement. If the task makes it impractical e.g. for infrequent ad-hoc tasks or where you may use your laptop keyboard for short periods e.g. meetings	
Does the keyboard tilt? (Please note that tilt does not need to be built in)			However, if tilt is required to achieve a comfortable keying position for you please contact your line manager	
Are the characters clear and readable?			If no, the keyboard may need modifying or replacing. Please contact the ICT Service Desk for assistance	
Mouse	Yes	No	Action to take	Action Taken Yes/No
Is the mouse positioned close to you? (e.g. right beside the keyboard)			If no, please re-arrange your workspace to allow for sufficient space as explained in the training/eLearning	
Does the mouse work smoothly and at a speed that suits you?			If no, you can adjust your mouse setting under control panel. If there are still problems please contact the ICT Service Desk	
Is there support for your wrists and forearms? (e.g. workstation surface)			If no, please re-arrange the workspace to allow for sufficient space as explained in the training/eLearning	

Furniture	Yes	No	Action to take	Action Taken Yes/No
Is there sufficient space beneath your workstation for your legs?			If no, please remove all obstructions from underneath the workstation	
Is the work surface large enough for all the work equipment?			If no, create more room by moving printers, reference materials etc. elsewhere. See office accommodation standards re clear desk policy. Please contact your manager if you cannot resolve yourself	
Are the surfaces free from glare and reflection?			If no, please contact your manager if you cannot resolve this yourself	
Is there sufficient space in front of the keyboard for your hands?			If no, please move the keyboard forward to allow enough space as explained in the training/eLearning	
Chair	Yes	No	Action to take	Action Taken Yes/No
Is the chair stable?			If no, please contact your manager	
Is the base a 5 star configuration on castors that move freely?			If no, please contact your manager	
Is the small of your back supported by the chairs' back (e.g. it has lumbar support)			If no, please adjust in accordance with the training/eLearning and if you cannot adjust to the correct position please contact your manager	

Is the chair seat height adjusted / able to be adjusted for you?			If no, please adjust in accordance with the training/eLearning and if you cannot adjust to the correct position/height please contact your manager	
Is the back adjustable for height and tilt? (These adjustments should be available on your chair but how to adjust will vary from chair to chair)			If no, please adjust in accordance with the training/eLearning and if you cannot adjust to the correct position please contact your manager	
Is the seat pan depth satisfactory in the correct sitting position? (The distance between the front edge of your chair and the back of your knee should be no more than the width of your hand)			If no, please adjust in accordance with the training/eLearning and if you cannot adjust to the correct position please contact your line manager	
Does your chair have armrests? (Please note armrests are not essential)			If your chair has armrests ensure they are adjustable and do not obstruct the correct seating position as described by the training /eLearning. If not, please contact your manager	
Work Activity	Yes	No	Action to take	Action Taken Yes/No
Do you vary your work and take regular breaks away from your workstation? e.g. micro break			If no, please ensure that you take breaks away from your workstation as explained in the training/eLearning	
Are you aware as a defined DSE user you are entitled to and eye and eyesight test?			Please refer to the DSE employee guidance to find out how to request one	
Do you undertake high levels of copy typing?			If yes, do you have a document holder? If no please contact your manager	

7. Software	Yes	No	Action to take	Action Taken Yes/No
Is the software suitable for the tasks you undertake? (excel, word, google mail)			If no, please contact your manager	
Have you received appropriate training in the use of the software?			If no, please contact your manager	
8. Environment	Yes	No	Action to take	Action Taken Yes/No
Is there sufficient natural or artificial light at the workstation? (This includes additional lighting e.g. desk lamps, if necessary)			If you have concerns about lighting levels at the workstation please contact your manager	
Are the windows fitted with a system to limit the effects of reflection and glare? (e.g. blinds/curtains)			If you have concerns about reflections/glare at the workstation please contact your manager	
Are cables routed safely to prevent a tripping or electrical hazard?			If no, please contact your manager	
Is there enough room to change position and vary movement?			If no, please contact your manager	
9.Overall			Action to take	
Are your feet on the floor without too much pressure from the seat on the back of the legs?			If no, please contact your manager as a footrest may be required	
When your chair is adjusted correctly does the workstation height cause you any issues?			If yes, please contact your manager	

(e.g. knees touching workstation, bent back)			
Are you a contracted or regular home worker (e.g. one day a week)?			If yes, a separate self-assessment will need to be undertaken for working at home. Please agree this with your manager as part of your flexible working agreement.
10. Other Do you have any other issues associated with working with DSE that are not covered in this assessment e.g. excessive noise, heat, air movement?	Please list these issues here and raise with your manager		

You may complete a DSE self-assessment on WILMa, or use this hard copy form for either office or home working.

If you are currently experiencing ill-health symptoms, which you associate with the use of DSE speak to your manager. If required, your manager can request a more detailed DSE assessment by a Health and Safety Advisor by completing a DSE referral form and emailing it to healthandsafety@warwickshire.gov.uk.

Once this part of this form has been completed please sign and date and give to your manager to complete and sign. Your manager will retain a copy for their records on your personal file and give you a copy.

Employee Signature.....

Print Name.....

Date.....

SECTION B

The manager must complete this section.

Any issue(s) that arise from this DSE self-assessment need to be actioned by you and recorded on this self-assessment continuing on separate sheet if necessary. Once completed these must be retained by yourself with other Health, Safety and Wellbeing documentation and ensure these are available for any future auditing. A copy must be given to the employee. These records should be kept for 5 years either as a hard copy or electronically as a scanned version.

Action		Date Taken/ to be taken	
Date of feedback to employee			
Referred to Health, Safety and Wellbeing Service for DSE Assessment. (Only if manager is unable to resolve issues that have raised and further advice is required. Please note that if they are related to an existing medical condition a referral to Occupational Health should be made instead.)	Yes/No (Please circle)	Date (if referred)	

Signature of Manager.....

Print Name

Date:.....