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**Display Screen Equipment: Self-Assessment Checklist** Top of Form

If you use computers or other display screen equipment (DSE) (e.g., laptops, tablets) as part of your work it is important that your workstation is set up properly and that you know how to avoid aches and pains while using it. This checklist will help you and your line manager identify whether there are any problems with the workstation. Before completing the checklist, you will need to complete the University’s online induction training course, *How We Work At Essex*. The course will explain the risks from using DSE and how to set up your workstation for comfort.

Please set aside ten to fifteen minutes to complete this form. This form must be completed when:

* You start using computers or other display screen equipment as part of your work.
* When there are significant changes to your work, workstation, or office.
* If you begin experiencing regular aches and pains or eyesight problems whilst using the equipment. If you would like one to one training on how to setup your workstation.
* If it has been more than 12 months since you last reviewed your DSE self-assessment checklist.

**Resources to help you:**

As you go through the checklist, you may also find it useful to refer to the Display Screen Equipment website; <https://www.essex.ac.uk/staff/risk-assessment/display-screen-equipment>. There is also specific guidance available on pregnancy for staff members and managers to refer to on the Staff Directory.

If you need help with completing this checklist, please contact your line manager or DSE Facilitator in the first instance. **You will find details of DSE Facilitators** at: <https://www.essex.ac.uk/staff/health-and-safety-responsibilities-and-support/health-and-safety-department-contacts>.

You can also contact **Workplace Health, Safety and Wellbeing** on 01206 87 2944, or by emailing safety@essex.ac.uk.

**Please do not include any medical information (e.g., illnesses, medication, diagnosis, prescriptions) on this checklist.** Such information should be discussed with your line manager at an appropriate and confidential time if relevant. If there are specific health concerns (such as an existing disability), or you are experiencing discomfort and the agreed adjustments do not result in an improvement, your line manager may need to refer you to Occupational Health for advice.

# Section 1: Your details

|  |  |
| --- | --- |
| **Your name:** |  |
| **Your email address:** |  |
| **Your computer S or M number** |  |
| **Date *How We Work At Essex* was last completed:** |  |
| **Your Line Mangers name:** |  |

# Section 2: How often do you use DSE?

Sitting in the same position for hours is bound to lead to aches and pains. Taking short (5–10 minute) breaks from DSE work will help you to work more efficiently and reduce the risk of harm. Aim to take a break once an hour.

|  |  |
| --- | --- |
| **Please select the working pattern that best describes your role:** | Flexible hours / Full time / Part time |
| **Do your DSE tasks require:** | Quick transfer of information / High levels of attention and concentration |
| **Do you consider that you need training in the use of the DSE equipment/software?** | Yes / No |
| **Do you use DSE while travelling for work?** | Yes / No |
| **If yes to the above, please describe the frequency of travel you undertake:** |  |

# Section 3: Your health

Most DSE problems can be resolved with simple adjustments however, if you suffer from aches and pains and they continue after adjustments have been made to your workstation, you may be referred to Occupational Health for advice. Please **do not** include any medical information (e.g., illnesses, medication, diagnosis, prescriptions) on this self-assessment checklist. Such information should be discussed with your line manager at an appropriate and confidential time.

|  |  |
| --- | --- |
| **Do you get aches, pains, tingling or pins and needles in any of the following: hand, wrist, neck, back, shoulder or arms?** | No / Sometimes / Yes |
| **If you have answered yes or sometimes, please specify where:**  |  |
| **Do the symptoms persist after you have finished work?** | No / Sometimes / Yes |
| **Do you suffer from blurred/poor vision, red sore dry eyes or headaches?** | No / Sometimes / Yes |
| **Do you find it difficult to plan regular breaks from DSE work?** | No / Sometimes / Yes |
| **Have you adjusted any of your workstations during the past 6 months?** | Yes / No  |
| **If yes, please provide details:** |  |

# Section 4: Your campus-based office workstation

If you do not work on campus, please skip to section 5.
Your office room number/Campus:

**Monitor screens:**

|  |  |
| --- | --- |
| **When using DSE are you able to comfortably read the information on your screen?** | Yes / No |
| **Do you know how to adjust the monitor screen colours, brightness and contrast?** | Yes / No |
| **Are you able to adjust the position of your monitor screen(s) i.e., height?** | Yes / No |

**Keyboard:**

|  |  |
| --- | --- |
| **When using a keyboard, are you able to tilt it?** | Yes / No |
| **Are the characters on the keys easily readable?** | Yes / No |
| **Is there space in front of the keyboard to rest your hands when not typing?** | Yes / No |
| **Do you type with your hands horizontal and level with the middle row of letters?** | Yes / No |
| **Do you type with your wrists not resting on the desk?** | Yes / No |

**Software:**

|  |  |
| --- | --- |
| Are you able to use the software systems provided with your IT equipment? | Yes / No |

**Adjustable chair**

|  |  |
| --- | --- |
| Does your chair have all the following features & is in good working order? | * Swivel mechanism
* Casters or gliders
* Tilt adjustment
* Seat back adjustment (forwards and backwards)
* Back height adjustment
 |
| Is there enough room under/around your workstation to change position/movement? | Yes / No |
| Are you able to adjust your chairs to the correct seating position? | Yes / No |
| Are you able to rest your feet flat on the floor or an existing footrest? | Yes / No |
| Are you able to sit in a position which allows you to sit square onto your workstation? | Yes / No |

**Workstation**

|  |  |
| --- | --- |
| Is the work surface big enough for all the necessary equipment? | Yes / No |
| Please give details of any other DSE equipment you are using: |  |
| Please give details if you are unable to comfortably use your workstation & DSE: |  |

# Section 5: Hybrid working and your home workstation.

Hybrid working is a form of flexible working which allows staff members to work from a variety of different locations, often combing working from home with the option to work in the office, or other public spaces.

|  |  |
| --- | --- |
| **Do you work in a hybrid way?****If no, please move to Sections 6 and 7: Action Plan and Review.** | Yes / No |
| **How many days per week do you use DSE when working from home?** | * One to two days a week
* Only occasionally/half a day
* Three days or more
 |
| **Please confirm which equipment/items your home workstation has:** | 1. Footstool (if required)
2. Keyboard
3. Desk or work surface
4. Adjustable chair
 |

**Monitor screens.**

|  |  |
| --- | --- |
| **Are you able to comfortably read the information on your monitor screen(s)?** | Yes / No |
| **Are your monitor screens free from glare, reflections, and bright areas?** | Yes / No |
| **If required, can you adjust the monitor screen colours, brightness and contrast?** | Yes / No |
| **If required, can you adjust the position of your monitor screen(s) i.e., height?** | Yes / No |

**Keyboard**

|  |  |
| --- | --- |
| **When using a keyboard, are you able to tilt the keyboard?** | Yes / No |
| **Are you able to easily read the characters on your keyboard?** | Yes / No |
| **When not typing, is there space in front of the keyboard to rest your hands?** | Yes / No |
| **Can you type with your hands horizontal & level with the middle row of letters?** | Yes / No |
| **Can you type with your wrists not resting on the desk?** | Yes / No |

**Software**

|  |  |
| --- | --- |
| **Can you use all the software systems provided with your IT equipment at home?** | Yes / No |

**Adjustable chair**

|  |  |
| --- | --- |
| **Does your home chair have all the following features & is in good working order?** | * Swivel mechanism
* Casters or gliders
* Back height adjustment
* Tilt adjustment
* Seat back adjustment (forwards and backwards)
 |
| **Do you have enough room under/around your workstation to allow leg movement?** | Yes / No |
| **Can you adjust your chair to the correct seating position?** | Yes / No |
| **Can you sit in a position which allows you to sit squarely onto your workstation?** | Yes / No |
| **Is there enough space for you to work comfortably and for safe movement?** | Yes / No |

**Workstation**

|  |  |
| --- | --- |
| **Is the work surface big enough for all the necessary equipment?** | Yes / No |
| **Please give details of any other DSE equipment you are using:** |  |
| **Please give details if you are unable to comfortably use your workstation & DSE:** |  |

**Working at home**

|  |  |
| --- | --- |
| **Does the work area provide privacy from disturbances including loud noises?** |  |
| **Is there adequate segregation from other people and pets?** |  |
| **Have security concerns been addressed?** |  |
| **Have any work pressures or reduced IT support been addressed?** |  |
| **Have concerns within your role, working relationships or change been addressed?** |  |
| **Are you aware of arrangements/requirements for communication to the office base?** |  |

# Section 6: Action Plan

Once you have carried out your self-assessment, if required, you will need to agree adjustments to your workstation or work with your line manager or DSE Facilitator. Agreed actions should be recorded below. If there are actions that cannot be taken locally, they should be also recorded below and referred to Workplace Health, Safety and Wellbeing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action needed** | **Date action taken** | **Completed by** **(Print name)** | **Signed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Section 7: Review

The assessment and action plan should be reviewed regularly until all actions have been taken and member of staff has confirmed any ill health problems through using DSE have been resolved. It is then recommended that it is reviewed annually. It is only necessary to complete a new form if the assessment is no longer valid.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Review** | **Agreed actions taken?** | **Assessment still valid?** | **Name of reviewer** |
|  | Yes / No | Yes / No |  |
|  | Yes / No | Yes / No |  |
|  | Yes / No | Yes / No |  |

The completed form should be kept by the member of staff, manager (e.g., in staff member’s file) or DSE Facilitator. The information should be treated as confidential.