**Display Screen Equipment:**

**Self-Assessment Checklist for Hybrid working**

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 manager identify whether there are any problems with the workstation. 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 or workstation
* 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

Before completing the checklist, you will need to complete the University’s online induction training course. The course will explain the risks from using DSE and how to set up your workstation for comfort. As you go through the assessment, you may also find it useful to refer to the Display Screen Equipment website; [www.essex.ac.uk/health-safety/equipment/dse.aspx](http://www.essex.ac.uk/health-safety/equipment/dse.aspx) There is also specific guidance available on pregnancy for staff members and managers to refer to.

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 manager may need to refer you to the Occupational Health Service for advice.

# What happens once the assessment has been completed?

You should discuss your assessment with your line manager or DSE Facilitator. Your line manager will be able to help you with simple adjustments, such as changes to your work pattern or ordering new equipment. If there are still areas of concern, they should be noted on the action plan at the end of the form. Copies of all forms should then be passed to your DSE Facilitator. You should keep the original copy for yourself or ask your manager to put it in your personal file. The information you provide will be processed in accordance with the provisions of GDPR and will only be disclosed within the University to members of staff who need to know it in order to carry out their duties to ensure your health and safety. Relevant information will be disclosed outside the University where it is required by law to do so. In the event of a personal injury claim, information may be disclosed to the University's Insurers.

If you need help with completing the form, please contact your Manager or DSE Facilitator first. You will find details of DSE Facilitators at: [www.essex.ac.uk/health-safety/contact/departmental-contacts.aspx](http://www.essex.ac.uk/health-safety/contact/departmental-contacts.aspx). You can also contact the Workplace Health, Safety and Wellbeing on 01206 87 2944, or [safety@essex.ac.uk](mailto:safety@essex.ac.uk). Further information can be found on the Display Screen Equipment website.

**DSE Self-assessment checklist**

# Your details

|  |  |
| --- | --- |
| Your name: |  |
| Today’s date: |  |
| Email: |  |
| Your computer M or S number: |  |
| Department: |  |
| Section / team: |  |
| Campus: |  |
| Room number: |  |
| Your Managers name: |  |
| Date your online induction training was completed: |  |

# Working with DSE

Circle or highlight the answer(s) that apply to you.

|  |  |  |
| --- | --- | --- |
| Please circle or highlight the working pattern that best describes your role: | | |
| Full time | Part time | Flexible hours |

|  |  |  |
| --- | --- | --- |
| How many days per week do you use DSE when working from home? | | |
| Only occasionally / half a day | One to two days a week | Three days or more |

|  |  |  |
| --- | --- | --- |
| During your working day, how often do you use DSE? | | |
| Less than an hour | Between 1 to 5 hours | Over 5 hours |

|  |  |  |
| --- | --- | --- |
| Do your DSE tasks require: | | |
| Quick transfer of information | High levels of attention and concentration |

|  |  |  |
| --- | --- | --- |
| Do you consider that you need instruction / training in the use of the DSE equipment or software? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you use DSE while travelling for work? | | |
| Yes | No |

|  |
| --- |
| If yes to the above, please describe the frequency and type of travel you undertake: |
|  |

# Your health

Circle or highlight the answer(s) that apply to you.

|  |  |  |
| --- | --- | --- |
| Do you get aches, pains, tingling or pins and needles in the hand, wrist, neck, back, shoulder or arms when using DSE? | | |
| Yes - often | Sometimes | No |

|  |  |  |
| --- | --- | --- |
| Do the symptoms persist after you have finished work? | | |
| Yes - often | Sometimes | No |

|  |  |  |
| --- | --- | --- |
| Do you suffer from blurred/poor vision, red sore dry eyes or headaches when using DSE? | | |
| Yes - often | Sometimes | No |

|  |  |  |
| --- | --- | --- |
| Do you find it difficult to plan your work so that you can take regular breaks from DSE work? | | |
| Yes - often | Sometimes | No |

|  |
| --- |
| Please give further comments on DSE use, and breaks: |
|  |

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.

# Your Display Screen Equipment (SWAE workstations)

Circle or highlight the answer(s) that apply to you.

|  |  |  |
| --- | --- | --- |
| When using your SWAE equipment, are you able to comfortably read the information presented on your laptop or monitor screen? | | |
| My screen is clear and easy to read | Sometimes it is difficult to read the text on screen | My screen flickers or is not working properly |

|  |  |  |
| --- | --- | --- |
| Do you know how to adjust the monitor screen colours, brightness and contrast to suit your needs? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are you able to adjust the position of your monitor screen(s) to a comfortable distance, tilt and height? | | |
| Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you ever use a workstation or monitor screen that has glare, reflections or bright areas in the field of view? | | | |
| Yes | Sometimes | No |

|  |  |  |
| --- | --- | --- |
| When using a keyboard, are you able to tilt the keyboard? | | |
| 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? Wrists not resting on the desk when typing? | | |
| Yes | No |

# Your workstation setup

This section applies to any SWAE workstation you use and includes your workstation at home.

Circle or highlight the answer(s) that apply to you.

|  |  |  |
| --- | --- | --- |
| Do the chairs you regularly use have all of the following features and are in good working order:   * seat height adjustment * seat back height and tilt adjustment * casters or gliders * swivel mechanism? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you have enough room under and around your SWAE workstations to change position and vary movement? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are you able to adjust your chairs to the correct seating position? | | |
| Yes | No |

Note see: webpage [www.essex.ac.uk/staff/equipment-safety/display-screen-equipment](http://www.essex.ac.uk/staff/equipment-safety/display-screen-equipment)

|  |  |  |
| --- | --- | --- |
| Are you able to comfortably rest your feet flat on the floor or an existing foot rest? (If you answer no to this you will need a footrest). | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Do you have to twist your body or sit in a position that prevents you from sitting squarely in front of your monitor screens? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Is the work surface large enough for all the necessary equipment and frequently used items positioned within easy reach? | | |
| Yes | No |

# Your home environment

Circle or highlight the answer(s) that apply to you.

|  |  |  |
| --- | --- | --- |
| Is the electrical system and IT equipment in good condition (e.g. no damaged sockets or wiring)? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Can you use electrical equipment without using extension leads or long trailing cables? | | |
| Yes | No |

For more information go to [Simple checks can save your life](http://www.electricalsafetyfirst.org.uk/guides-and-advice/around-the-home/visual-checks/) Do not ‘daisy chain’ extension leads, check your [extensions and cables](http://www.electricalsafetyfirst.org.uk/guides-and-advice/electrical-items/extensions-and-leads/) and whether you are over [loading sockets.](http://www.electricalsafetyfirst.org.uk/guides-and-advice/electrical-items/overloading-sockets/)

|  |  |  |
| --- | --- | --- |
| Can you make use of curtains or blinds on the windows and suitable light shades to shield bright sources of light? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Is heating and ventilation acceptable? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are you able to evacuate the building safely and quickly in case of fire? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are you able to summon help in case of an emergency? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Is there enough space for you to work comfortably and for safe movement? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Does the work area provide enough privacy and freedom from disturbances including loud noises? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Is there adequate segregation from other people and pets? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are there any security concerns? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Have time sensitive work pressures, reduced IT support or concerns relating to your role, working relationships or change been addressed? | | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| Are you aware of arrangements and requirements for communication and reporting to the office base / Manager? | | |
| Yes | No |

# Action

Once you have carried out your self-assessment, show it to your manager or DSE Facilitator. If required, you will need to agree adjustments to your workstation or work with your manager or DSE Facilitator. Agreed action 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.