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| **Workstation self-assessment checklist - DSE 1**You **must** fill this checklist in electronically. You can get extra tips and advice for many of the questions by clicking on the grey       fields and pressing **F1**. |
| **Section 1 - Personal details** |
| Name and employee number       | Directorate       |
| Location       | **Date of assessment**       |
| **Briefly describe your duties**      | **Describe any special adjustments you need to allow you to use DSE safely.**      |
| **How much time do you spend using the DSE each day?**       | **Do you use a desktop computer, a laptop or both?**     **If you use a laptop, do you have a docking station?**      |
| Are you able to:* vary your working day and choose when to do DSE tasks
* take breaks away from the screen?
 | Yes No[ ]  [ ] [ ]  [ ]  | **Give details**      |
| **Section 2 - The equipment** |
| **Your screen** |
| 1. Is the screen:
* at a comfortable height?
* free from reflections and glare?
 | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**      |
| 1. Are the images:
* free from flicker?
* clear and easy to read?
 | [ ]  [ ] [ ]  [ ]  |            |
| 1. Do you know how to adjust the screen to suit you?
 | [ ]  [ ]  |       |
| **Your keyboard** |
| 1. Can you:
* rest your hands in front of the keyboard?
* find a comfortable keying position?
 | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**           |
| 1. Are the letters on the keyboard clear & easy to read?
 | [ ]  [ ]  |       |
| **Your mouse or trackball device** |
| 1. Is the device suitable:
* for you?
* for the job?
 | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**           |
| 1. Is there:
* room for you to position the device close to you / your keyboard to prevent overreaching?
* support for your wrist and forearm?
 | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**           |
| **Document holder** |
| 1. Do you have a document holder?

If not, would one be useful? | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**           |
| **Section 3 - The furniture** |
| **Your chair** |
| 1. Is your chair:
* stable & comfortable?
* adjustable?
 | Yes No[ ]  [ ] [ ]  [ ]  | **If no, give details**           |
| 1. Do you know how to adjust your chair to suit you?
 | [ ]  [ ]  |       |
| 1. Can you place your feet flat on the floor when seated?
 | [ ]  [ ]  |       |
| **Your desk** |
| 1. Is your desk:
* large enough for all tasks - data entry and clerical?
* large enough for all the equipment you use?
* at a comfortable height?
 | Yes No[ ]  [ ] [ ]  [ ] [ ]  [ ]  | **If no, give details**                |
| 1. Is there enough room under the desk for your legs?
 | [ ]  [ ]  |       |
| 1. Can you reach all equipment easily without awkward stretching?
 | [ ]  [ ]  |       |
| **Sction 4 - The environment** |
| 1. Do you find the lighting suitable for the job?
 | Yes No[ ]  [ ]  | **If no, give details**      |
| 1. Do you find the working environment generally comfortable?
 | [ ]  [ ]  |       |
| 1. Is the area free from hazards, such as trailing cables?
 | [ ]  [ ]  |       |
| 1. Is there enough space around your workstation?
 | [ ]  [ ]  |       |
| 1. Is the area free from distracting noise from equipment, such as printers?
 | [ ]  [ ]  |       |
| **Section 5 - Training and Information**  |
| 1. Have you got copies of the:
* Council’s DSE Policy and guidance documents
* Health and Safety Executive’s leaflet ‘Working with VDUs’?
 | Yes No[ ]  [ ]  | If no, ask your manager or look on the intranet or the Schools’ H&S pages on the Web. |
| 1. Do you understand all parts of the Policy & guidance?
 | [ ]  [ ]  | If no, ask your manager. |
| 1. Have you completed the Council’s DSE e-learning course?
 | [ ]  [ ]  | If no, do it **now**. [**DCC e-learning portal**](https://iderby.derby.gov.uk/my-development/e-learning/dcc-e-learning-portal/) |
| 1. Are you aware that free eye tests can be arranged for Council employees who are ‘habitual users’ of DSE at work?
 | [ ]  [ ]  | If no, ask your manager. |
| 1. Have you had your eyes tested in the last two years?
 | [ ]  [ ]   | If no, get a DSE 3 form from your manager, the intranet or the Schools’ H&S pages on the Web. |
| 1. Do you know how to adjust your workstation to suit you?
 | [ ]  [ ]  | If no, ask your manager. |
| **Section 6 - Health issues** |
| 26* Do you currently have any discomfort when using DSE?
* Any health problems that make working with DSE difficult or uncomfortable or that are being made worse by DSE work?
 | Yes No[ ]  [ ] [ ]  [ ]  | If yes, your manager must get advice from the Health & Safety Team. |
| Additional comments or information      | Your name      |
| Now send this to your manager so they can complete Section 7. |
| **Section 7 - Management action** |
| **Managers must complete this section before returning the form to health and safety team, incomplete forms will be returned.** To comply with the DSE Regulations the answer to all questions in Sections 2 to 5 must be ‘yes’. If the answer to question 26 is ‘yes’, you **must** get further advice from the Health and Safety Team |
| Manager’s name       | Manager’s contact details      |
| Location      | Date      |
| **When complete, email a copy of the form to employee.healthandsafety@derby.gov.uk. Remember to keep a copy for your records and one for the employee’s file.** |
| **Assessment review**DSE assessments **must** be reviewed at least **every two years.** Expected next review date      .Review them **immediately** if the employee reports problems or if work circumstances change significantly. |

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