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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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