

Display Screen Equipment and Work Area Checklist

Display Screen Equipment Regulations 2002

Name of User: F Newton

QUADRING Parish/Town Council

Location of DSE Workstation

1. EQUIPMENT

a) Display Screen	Yes	No	Recommended Action
i. Are the characters well defined?	X		
ii. Is the screen image stable, i.e. free from flicker, etc?	X		
iii. Is the contrast/brightness of the screen easily adjustable by the operator?	X		
iv. Do you know how to position the screen correctly?	X		
v. Are Screen Cleaning kits available and used?	X		
vi. Is the screen detachable or height adjustable?	X		
vii. Is a docking station available?		X	
viii. Are raiser blocks available to you? (if required)		X	

b) Keyboard	Yes	No	Recommended Action
i. Is the keyboard tilt able?		X	
ii. Do you have adequate space in front of your keyboard to support your wrists?	X		
iii. Are the symbols on the keyboard adequately legible?	X		
iv. Are the keys laid out as standard? i.e. the first six keys spell QWERTY.	X		
v. Do you know how to position the keyboard correctly?	X		

c) Mouse & Trackball	Yes	No	Recommended Action
i. Is your equipment fitted with touchpad, roller ball, or external mouse?	X		
ii. Is the device suitable for the task it is used for?	X		
iii. Is the device positioned close to you?	X		
iv. Is there support for your wrist and forearm? i.e. desk, arm of chair?	X		
v. Does the device work smoothly at a speed that suits you?	X		
vi. Can you easily adjust software settings, for speed and accuracy of pointer?	X		
vii. Is there a mouse mat available / present?	X	X	
viii. Are you ambidextrous?			

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d)	<u>Work Desk/Surface</u>	<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Does the work desk have a low reflectance surface, i.e. does not produce reflective glare?	X		
ii.	Does the work desk allow a flexible arrangement of the screen, keyboard, documents and related equipment?	X		
iii.	Is there a document holder (if required)?	X		
iv.	Is the document holder stable and adjustable?	X		
v.	Do you know how to position the document holder?	X		
ix.	Is there sufficient knee space beneath the desk?	X		

e)	<u>Chair</u>	<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Is the chair stable?	X		
ii.	Is the chair fitted with castors or glides?	X		
iii.	Is the seat adjustable in height?	X		
iv.	Is the seat backrest adjustable in height?	X		
v.	Is the seat backrest adjustable in tilt?	X		
vi.	Is there a footrest present/available?		X	
vii.	Do the chair arms impede correct positioning of the chair?		X	
viii.	Do you know the correct position you should be sat in?	X		

2. ENVIRONMENT

a)	<u>Space</u>	<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Does the workstation provide enough space to allow you to change your position and vary movements?	X		
ii.	Is your environment free from trailing cables which may cause a potential trip hazard?	X		

b)	<u>Lighting</u>	<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Is the general level of lighting satisfactory and suited to the task?	X		
ii.	Is there any disturbing glare or reflections on the screen?		X	
iii.	Are windows (if present) fitted with a system of adjustable blinds?	X		

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c) Noise		<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Is there any source of noise sufficient to distract or disturb speech?		X	

d) Heat		<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Are levels of heat comfortable?	X		

e) Humidity		<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Does the air feel comfortable?	X		

3. EMPLOYERS OBLIGATIONS TO THE OPERATOR

		<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
	Are you able to take regular breaks from working with DSE either in the form of other work or refreshment breaks for 5 - 10 minute intervals per hour?	X		

4. USER

		<u>Yes</u>	<u>No</u>	<u>Recommended Action</u>
i.	Do you have any other hobbies likely to predicate them to work related upper limb disorders?		X	
ii.	Do you have any concerns regarding eye sight?		X	
iii.	Are you aware of how to operate all adjustable items of equipment?	X		
iv.	Do you know how to position all items of equipment correctly to provide a safe DSE station?	X		

5. ADDITIONAL INFORMATION

6. RECOMMENDATIONS

DSE ASSESSOR: F NEWTON

DSE USER SIGNATURE:

DATE:20/05/2026