

RM10 F01 - DSE WORKSTATION CHECKLIST


Workstation Location and Number	
User	
Time spent per day using DSE	
Checklist completed by	
Assessment Checked by	
Date of Assessment	
Follow up action needed	
Follow up action completed on	



Anyone can complete this checklist. This checklist can be used as an aid to risk assessment and to help comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations.




Work through the checklist, ticking either the yes or no column against each risk factor:



- Yes answers require no further action.
- No answers indicate a hazard may exist and will require investigation and/or remedial action by the workstation assessor. Any hazards identified on this checklist must be risk assessed. See end of checklist for more information.




Remember the checklist only covers the workstation and work environment. You also need to make sure that risks from other aspects of the work are avoided, for example by giving users appropriate health and safety training.


	YES	NO	Things to consider
1. Display Screens			
<p>Are characters clear and readable?</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; background-color: lightblue; padding: 5px; margin-right: 10px;">BSUH</div> <p>YES</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; background-color: red; color: blue; padding: 5px; margin-right: 10px;">BSUH</div> <p>NO</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Ensure the screen is clean and cleaning materials are made available.</p> <p>Check that text and background colours work well together.</p>
Is the text size comfortable to read?	<input type="checkbox"/>	<input type="checkbox"/>	Software settings may need adjusting to change text size. Contact the IT helpdesk for assistance to do this if required.
Is the Image stable, i.e. free from flicker and jitter?	<input type="checkbox"/>	<input type="checkbox"/>	<p>Try using different screen colours to reduce flicker, e.g. darker background and lighter text.</p> <p>If problems still exist, get the set-up checked, e.g. by the equipment supplier.</p>
Is the screen's specification suitable for its intended use?	<input type="checkbox"/>	<input type="checkbox"/>	For example, intensive graphic work or work requiring fine attention to small details may require large display screens.
Are the brightness and/or contrast adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	Separate adjustment controls are not essential, provided the user can read the screen easily at all times.
<p>Does the screen tilt and swivel?</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Swivel and tilt need not be built in; you can add a swivel and tilt mechanism.</p> <p>However, you may need to replace the screen if:</p> <ul style="list-style-type: none"> • swivel/tilt is absent or unsatisfactory; • work is intensive; and/or • the user has problems getting the screen to a comfortable position. <p>The ideal height of a monitor can vary and space should be allowed for it to be raised for taller users.</p> <p>Users who wear bifocals / varifocals may need the screen flat on the desk.</p>

	YES	NO	Things to consider
<p>Is the screen free from glare and reflections?</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Use a mirror placed in front of the screen to check where reflections are coming from.</p> <p>You might need to move the screen or even the desk and/or shield the screen from the source of reflections.</p> <p>Screens that use dark characters on a light background are less prone to glare and reflections.</p>
<p>Are adjustable window coverings provided and in adequate condition?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones to control glare.</p> <p>If these measures do not work, seek specialist help</p>
2. Keyboards			
<p>Is the keyboard separate from the screen?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>This is a requirement unless the task makes it impractical.</p>
<p>Is it possible to find a comfortable position for keying?</p> 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Try pushing the display screen further back to create sufficient room for the keyboard, hands and wrists.</p> <p>If you are unable to find a comfortable position, seek specialist help.</p> <p>Users of thick, raised keyboards may need a wrist rest.</p>

	YES	NO	Things to consider
Is the keyboard tilt adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	Good keyboards have retractable feet or some other mechanism to enable the tilt to be adjusted.
Does the user have good keyboard technique?	<input type="checkbox"/>	<input type="checkbox"/>	Training can be used to prevent: hands bent up at wrist; hitting the keys too hard; overstretching the fingers.
Are the characters on the keys easily readable?	<input type="checkbox"/>	<input type="checkbox"/>	Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection.
3. Pointing Device			
Is the device suitable for the tasks it is used for? 	<input type="checkbox"/>	<input type="checkbox"/>	If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes.
Is the device positioned close to the user?  YES  NO	<input type="checkbox"/>	<input type="checkbox"/>	Most devices are best placed as close as possible, e.g right beside the keyboard. Training may be needed to: prevent arm overreaching; tell users not to leave their hand on the device when it is not being used; Encourage a relaxed arm and straight wrist.
Is there support for the device user's wrist and forearm?	<input type="checkbox"/>	<input type="checkbox"/>	Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. The user should be able to find a comfortable working position with the device.

	YES	NO	Things to consider
Does the device work smoothly at a speed that suits the user?	<input type="checkbox"/>	<input type="checkbox"/>	See if cleaning is required (eg of mouse ball and rollers). Check the work surface is suitable. A mouse mat may be needed.
Can the user easily adjust software settings for speed and accuracy of pointer?	<input type="checkbox"/>	<input type="checkbox"/>	Users may need training in how to adjust device settings.
4. Software			
Is the software suitable for the task?	<input type="checkbox"/>	<input type="checkbox"/>	Software should help the user carry out the task, minimise stress and be user-friendly. Check users have had appropriate training in using the software. Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.
5. Furniture			
Is the work surface large enough for all the necessary equipment, papers etc?  YES  NO	<input type="checkbox"/>	<input type="checkbox"/>	Create more room by moving printers, reference materials etc elsewhere. If necessary, consider providing new power and telecoms sockets, so equipment can be moved. There should be some scope for flexible rearrangement.
Is the work surface at a suitable height?	<input type="checkbox"/>	<input type="checkbox"/>	Check if adjusting the chair height helps. If not an adjustable desk may be required.
Is there sufficient legroom under the surface?	<input type="checkbox"/>	<input type="checkbox"/>	Remove objects or obstacles from under the surface to create legroom.

	YES	NO	Things to consider
Can the user comfortably reach all the equipment and papers they need to use?	<input type="checkbox"/>	<input type="checkbox"/>	Rearrange equipment, papers etc to bring frequently used things within easy reach. A document holder may be needed, positioned to minimise uncomfortable head and eye movements.
Are surfaces free from glare and reflection?	<input type="checkbox"/>	<input type="checkbox"/>	The surface used may not be appropriate for the task. Consider also the orientation of the work surface in relation to sources of light or the use of mats or blotters.
Is the chair suitable? It must be stable and have a working: seat back height and tilt adjustment; seat height adjustment; swivel mechanism; correct castors or glides (where necessary).	<input type="checkbox"/>	<input type="checkbox"/>	The chair may need repairing or replacing if it is unsteady, the user is uncomfortable, or cannot use the adjustment mechanisms. Exposed foam is a fire hazard and chairs displaying foam must be replaced.
Is the chair adjusted correctly?  YES  NO  NO	<input type="checkbox"/>	<input type="checkbox"/>	The user should be able to carry out their work sitting comfortably. Consider training the user in how to adopt suitable postures while working. The arms of chairs can stop the user getting close enough to use the equipment comfortably. Move any obstructions from under the desk.
Is the small of the back supported by the chair's backrest?	<input type="checkbox"/>	<input type="checkbox"/>	The user should have a straight back, supported by the chair, with relaxed shoulders.
Are forearms horizontal and eyes at roughly the same height as the top of the VDU?	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the chair height to get the user's arms in the right position, then adjust the VDU height, if necessary.

	YES	NO	Things to consider
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?	<input type="checkbox"/>	<input type="checkbox"/>	If not, a foot rest may be needed.
6. Environment			
Is there enough room to change position and vary movement?	<input type="checkbox"/>	<input type="checkbox"/>	Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.
Is the lighting suitable, eg not too bright or too dim to work comfortably? 	<input type="checkbox"/>	<input type="checkbox"/>	Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources (or the workstation) or providing local lighting, eg desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).
Does the air feel comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	VDUs and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.
Is the temperature comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	Can heating be better controlled? More ventilation or air-conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?
Are levels of noise comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	Consider moving sources of noise, eg printers, away from the user. If not, consider soundproofing.
Are there sufficient power sockets?	<input type="checkbox"/>	<input type="checkbox"/>	Extensions are not to be used as a permanent solution to inadequate power socket number or placement.
Are all plugs, sockets and power cables in a good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>	Replace any plug or cable that show signs of physical damage.

	YES	NO	Things to consider
7 Final questions to users...			If 'NO' to any of these questions, please give details here:
Has this checklist covered all the problems they may have working with their VDU?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you free of any symptoms other than those attributed to DSE use?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been advised of their entitlement to eye and eyesight testing?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take regular breaks working away from VDUs?	<input type="checkbox"/>	<input type="checkbox"/>	

What to do now

If any of the questions were answered 'NO' this identifies a hazard. Any hazards identified on this checklist must be risk assessed by suitably a trained and competent person according to *RM017 Risk Assessment Policy and Procedures* using *RM17 F01 - General Risk Assessment*. If there is any doubt as to the procedures and requirements for doing this please contact the Risk Management department on extension 8073 or by email

Record all actions required to reduce risks or to ensure that the workstation meets the minimum requirements. The actions should be listed in order of priority, and realistic target dates should be set for their completion. If the action requires input from other Department(s) or external source, target dates should be agreed with them.

The re-assessment date will depend on how many unsatisfactory things are found and how serious they are. It should be set at a maximum of two years to ensure the situation is regularly reviewed.

If the workstation is changed significantly, or a new user starts to use it, the assessment should be reviewed immediately.

RM017 F01GENERAL RISK ASSESSMENT FORM

Only trained and competent persons may complete this part of the risk assessment.

This form should be used in conjunction with the associated guidance notes. If you do not have a copy of the guidance, contact the Risk Management Department.

Section 1 - Location

Directorate :	Department :	TASK / ACTIVITY: (If applicable)

Section 2 - Identifying Hazards

Section 3 - Existing Control Measures

Section 4 - Evaluating Risk

Section 5 - Action Plan

Hazard	Persons at risk and how affected	Existing Control Measures	Risk Rating (SxL=R)	Action required to control risk	Risk Rating (SxL=R)	Action by Whom	Deadline for action	Date completed
Type the text in here to describe the hazard	Describe who is at risk and how	Describe any existing control measures	4 x 5 = 20	Type the text in here to describe the action required to reduce the risk to an acceptable level	4 x 1 = 4	The name of the person given the action – they must agree to it!	The date by which the action is to be completed	Date actually completed
A.								
B.								
C.								
D.								
E.								

This form MUST be completed in conjunction with the Trust Risk Assessment Policy and Guidelines
 IF YOU ARE CARRYING OUT A RISK ASSESSMENT, YOU MUST HAVE ATTENDED THE TRUST RISK ASSESSMENT TRAINING.
 IF YOU HAVE NOT RECEIVED THIS TRAINING, PLEASE CONTACT THE RISK MANAGEMENT DEPARTMENT (EXTENSION 8073)

Section 6 - Further Information

Is health monitoring required?	Select
Is a more detailed assessment (e.g. Clinical Risk, COSHH, Manual Handling) required? Please state which one:	Select
Is further information or investigation required to complete risk assessment?	Select

Section 7 - Assessment Sign Off

I have read and understood the Risk Assessment Policy (RM017) and have received appropriate training to carry out this risk assessment.		Select
Assessor's Name :		Assessor Signature
Job title:		
Date of Assessment :		Reassessment Date
A		A
B		B
C		C
D		D
E		E
Managers Name :		Manager's Signature
Job title:		

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GUIDANCE ON COMPLETION OF RISK ASSESSMENT FORMS
 For further information contact Risk Management on extension 8073

Section 1 of 7 – Location

Fill in details of the Directorate and the Department. This form is to be used for all assessments, with the exception of COSHH or Manual Handling assessments (references should be made to these other types of assessment where appropriate).

Section 2 of 7 - Identifying Hazards and persons affected

List any hazards associated with the process, and the groups of people who may be affected and how. Use a second form, appropriately marked, if you identify more than five hazards. Consider the following hazards (this is **not** an exhaustive list);

Slipping, tripping and falling hazards	Vehicles	Temperature and humidity
Fire hazards	Electricity	Windows
Chemicals, including dusts and fumes	Manual handling	Radiation
Work equipment	Noise	Radiation
Work at height	Lighting	Please see Appendix J for clinical hazards and risks
Health and infection risks	Confined spaces	Violence
Hot water management		

Consider the following groups of people (as above, this is **not** an exhaustive list);

Staff	New or expectant mothers
Patients and Visitors	Inexperienced or young workers
Contractors	People with special needs

Section 3 of 7 - Existing Control Measures

Record the measures already in place to control the risks presented by the identified hazards. Include such things as safe systems of work and training as well as physical systems such as machine guards and personal protective equipment.

Section 4 of 7 - Evaluating Risk

In order to prioritise actions, it is necessary to evaluate the level of risk presented by each of the identified hazards. This is done using a simple rating system and a basic multiplication.

First, for each of the hazards, decide how likely it is to happen (Likelihood) and how serious the consequences are most likely to be (Severity) from the following guide, taking into account the control measures already in place;

LIKELIHOOD		SEVERITY	
1	Will only occur in exceptional circumstances	1	No obvious harm, loss or damage
2	Will occur infrequently	2	Non-permanent harm, loss or damage
3	Will occur sometimes	3	Semi-permanent harm, loss or damage
4	Will occur frequently	4	Major permanent harm, loss or damage
5	Will occur or does regularly occur	5	Unexpected or unexplained death or total disablement or permanent loss of service or facility

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Next, work out the risk rating from the following equation;
RISK RATING = LIKELIHOOD x SEVERITY

		Severity				
		1	2	3	4	5
Likelihood	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

RISK

Section 5 of 7– Action Plan

It is important that priority is given to the more serious risks. The Risk Rating calculated in the previous section gives a figure between 1 and 25, further classified as follows;		
15 - 25	High Risk	Immediate action required, so far as is reasonably practicable
8 - 14	Significant Risk	Prompt action required, so far as is reasonably practicable
4 - 7	Moderate Risk	Risk reduction required, so far as is reasonably practicable
1 – 3	Low Risk	Further risk reduction may not be feasible or cost effective
When considering actions to be taken, the following hierarchy of risk control measures should be considered, in the following order;		
Design the problem out		Reduce time of exposure of numbers of people exposed
Eliminate or remove the risk		Safe Systems of Work procedures/protocols
Substitute with less risky option		Supervision / Training
Isolate from people		Personal Protective Equipment

Section 6 of 7– Further Information

Health monitoring (e.g. regular blood tests or lung function tests) may be required when you are not sure of the levels of exposure to a hazard with a known health effect. If you feel that health monitoring may be required, tick the relevant box and contact the Occupational Health Department at PRH on Extension 8293 or BTN on Extension 4011.

If you feel that you require any further information or investigation (including access to HSE guidance, etc.) in order to complete the risk assessment, tick the relevant box and contact the Risk Management Department at PRH on Extension 8073.

If any part of the process or activity requires a more detailed COSHH or Manual Handling assessment, tick the relevant box and contact risk management to obtain the appropriate form

Section 7 of 7- Assessment Sign Off

The reassessment date for the process / activity will depend on how serious the risk is. The highest risk rating should be considered and the review date set as follows;		
15 - 25	High Risk	Review in 1 to 6 months to ensure actions are completed
8 - 14	Significant Risk	Review in 6 to 12 months to ensure actions are completed
4 - 7	Moderate Risk	Review in 1 year, or when a major change occurs
1 - 3	Low Risk	Review in 1 - 2 years, or when a major change occurs
You must get your Manager to sign the assessment to ensure that they are aware of any actions required.		

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