

## SELF-ASSESSMENT WORKSTATION CHECKLIST

(TO BE USED IN CONJUNCTION WITH 'HOW DO I SET-UP MY WORKSTATION CORRECTLY')

<b>Employee</b>	
-----------------	--

Computer use: please answer each of the following questions for your computer use at work	Answer (YES/NO)
Normally use a computer for continuous spells of an hour or more at a time;	
Use the computer in the above way more or less daily;	
Have to transfer information quickly to or from the screen;	
Find high levels of attention or concentration are needed;	
Find you are highly dependent on the computer;	
Have little or no choice about using the computer for your work;	
Require special training or skill to use the equipment or software.	

**If you answered yes to 4 or more of the above questions please complete the assessment below. If you answered no there is no need to complete the rest of this form.**

Assessment date	Job Title/ Department

Time spent on DSE per day	Workstation type
	Desktop/ Laptop/ Other

Item No.	Item	N/A	Yes	No
<b>Environment</b>				
1.1	Is the workstation suitably positioned relative to light sources?			
1.2	Is there adequate lighting?			
1.3	Are nearby windows fitted with blinds or other protective covering?			
1.4	Is the working temperature comfortable?			
1.5	Is the level of humidity acceptable?			
1.6	Do you have sufficient space to work comfortably?			
1.7	Are all electrical plugs, sockets and switches in a good state of repair?			
<b>Desk/ Work Surface</b>				
2.1	Does it allow for the suitable arrangement of all necessary associated equipment?			
2.2	Is it a suitable height?			
2.3	Is there sufficient leg room?			
2.4	In the underneath of your desk obstruction free?			
<b>Monitor</b>				
3.1	Is it positioned at a suitable height for you to use?			
3.2	It is positioned at least arm's length away from you?			
3.3	Is the monitor tiltable in all directions?			
3.4	Is the screen free of glare and reflection?			

## SELF-ASSESSMENT WORKSTATION CHECKLIST

(TO BE USED IN CONJUNCTION WITH 'HOW DO I SET-UP MY WORKSTATION CORRECTLY')

Item No.	Item	N/A	Yes	No
<b>Monitor</b>				
3.5	Is the screen free of flickering?			
3.6	Do you know how to adjust the brightness and contrast?			
3.7	If used, is the document holder at a suitable height?			
3.8	Is it adjustable in height?			
<b>Keyboard</b>				
4.1	Is the keyboard separate from the monitor?			
4.2	Is it adjustable in tilt and height?			
4.3	Are the keys legible?			
4.4	Is there sufficient space between the keyboard and the desk edge?			
4.5	Is a wrist rest provided if required?			
<b>Mouse</b>				
5.1	Do you use a mouse?			
5.2	Is it comfortable to use?			
5.3	On which side of the desk is your mouse positioned and used?			
<b>Chair</b>				
6.1	Is the chair comfortable and stable?			
6.2	Is the seat height adjustable?			
6.3	Is the back support adjustable in height and tilt?			
6.4	Can you change position and vary movements?			
6.5	If your chair has arms, can they be moved so as not to restrict your movement?			
6.6	Is a footrest available if required ?			
<b>Software</b>				
7.1	Is the software suitable for the task?			
7.2	Is the software easy to use?			
7.3	Has appropriate training been provided?			
<b>Information</b>				
8.1	Are you aware of the company eyesight test policy?			
8.2	Do you use a computer, tablet, notebook, smart phone, hand-held game device outside of the office? If yes how many hours approximately per day?			
8.3	Do you have any comments or information you wish to make us aware of?			

If you answered **NO** to any of the questions (with the exception of 8.2 & 8.3) please provide additional information here.

**SELF-ASSESSMENT WORKSTATION CHECKLIST**  
(TO BE USED IN CONJUNCTION WITH 'HOW DO I SET-UP MY WORKSTATION CORRECTLY')

I have completed this checklist on my workstation to the best of my ability, and all answers given are a true reflection of my interface with my workstation.

Signed:

MANAGEMENT SECTION: *to be completed by branch manager*

*Before completion*

Instruction given for checklist completion		DSE handout given and explained	
YES	NO	YES	NO

*After completion*

Follow-up action required		Manager's assessment required	
YES	NO	YES	NO

Review Date	Date reviewed	Reviewed by

I have examined this workstation checklist and any area(s) requiring attention will be addressed by the company before the above review date.

Name:

Signed: