DSE / VDU Assessment Form

DSE User		Dse Assessor	
Company		Department/Section	
Room Number		Assesment date	
Name of line manager		Assesment time	
Typical DSE use per day (hours)		Intermittent/continuous	
Work Remotely/ At Home?		No. of Screens	
Regular laptop use?		Shared workspace?	

Initial Interview				
Observations of working habits/posture: Shoulders relaxed? Head naturally balanced? Body orientated to face work area? Twisting/Turning?				
Describe your typical working day?	☐ Computer %	☐ Reading %	☐ Writing %	☐ Phone %
Medical Condition / Have you experienced any discomfort or symptoms that you believe is associated with or could be aggravated by your work? Back, neck, shoulders, hands, arms, legs, feet etc.?				
Have you any medical recommendations that are relevant to this assessment?				
Are you clear who you contact if you have discomfort issues?				

Outcome and Recommendations					
Adjustments Made	Screen Setup ☐	Desk Layout ☐	Chair Set up ☐	Cleared under desk ☐	
Comments/Other Adjustments					
Recommendations					

Follow up	
Follow up action completed on:	
Review date	
Signatures	
DSE User	
DSE Assessor	

Risk Factor	Action required		Action to take
	No	Yes	
Chair			
Is there appox 50mm gap between under the knees and seat edge when sitting into the support?			
Are shoulder relaxed and forearms horizontal with desk			
Is the small of the back well supported by the backrest?			
Does the chair have a back rest height/tilt adjust?			
Is the chair suitable? Correct fit / specific needs			
Does the chair have a 5 star base and is it stable?			
Are all adjustment easy to use and do they work on the chair ?			
Does chair have suitable non-slip, natural fabric?			
Can the chair swivel?			
Are the casters/glides suitable for floor type?			
Is the chair adjusted correctly?			
Does the user know how to adjust the chair?			
Is a footrest required?			
Furniture and Environment			
Is the work surface large enough for all necessary equipment, paper etc?			
Can the user comfortably reach all the equipment and papers they need to use?			
Does user require document holder to elevate source material when typing?			
Work surface height suitable? Not too low / too high			
Is lighting suitable (not too bright / dim) ? 300-500 Lux? Is task light required?			Lux:
Does the air feel comfortable? (not too cold/hot, drafts etc.)			
Noise levels comfortable? (Is noise a distraction)			
Software			
Is the software suitable for the task?			
Does user have good keyboard techniques?			
Does the employee use keyboard short cuts keys?			

Risk Factor	Action required		Action to take
	No	Yes	
Display screen			
Are eyes at roughly the same height as the top of the display screen?			
Are charecters clear and is text size readable?			
Is the image stable, i.e free of flicker?			
Is the screen specification suitable for its intended use?			
Is the brightness and/or contrast adjustable?			
Does the screen swivel and tilt?			
Is the screen free from glare and reflection?			
Are adjustable window coverings provided and in adequate condition?			
Keyboard			
Is the keyboard tiltable and seperate from the monitor?			
Key board has matt surface?			
Is it possible to find a comfortable keying position?			
Are characters legible?			
Mouse, trackball etc			
Is the device suitable for the user and tasks it used for?			
Does user have a RSI, or discomfort/strain to wrist, hand, forearm, elbow, shoulder?			
Does the device work smoothly at a speed and accuracy of pointer?			
Does the mouse support the users hand?			
Is the device positioned close to the edge of the desk and beside the keyboard			
Does the user split or extend fingers over the mouse			
Does user do intensive mouse work?			
Employee			
Does user work 30 minutes + of continuous PC usage?			
Can user take regular breaks working away from DSE?			
Is the pace of work manageable?			

Final Questions			
Comments for improvement of VDU workstations and environment?		Are there any trip hazards?	
Comments on improvements to this assesment process or training required?		Is all equipment stable and appear to be electically safe?	
Final check			
Advise on 20-20-20 Rule		Advise on posture, breaks and working habits	
Advise user of their entitlement to eye and eyesight testing		Does user have any other questions?	