## Workstation Assessor Assessment DSE 2 Form (HS.1.05.2F)

This checklist is used as an aid to risk assessment and to help comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations 1992.

The aim is to provide an additional check by a trained assessor to ensure that the User's workstation is organised / adjusted so as to minimise risks associated with use of display screen equipment and to identify any actions that may be required.

Assessor:	
User:	
Workstation location &number:	
Date of assessment:	
Any further action needed:	Yes No
Follow-up action completed on:	
Signed & Dated:	

## Before you start, please review DSE 1 as completed by the User:

	YES	NO	DETAILS
Did the User answer "NO" to any of the questions in DSE 1?			

RISK FACTOR	YES N	0	<b>COMMENT / ACTION</b>
1. WORK CHAIR			
Is the chair fully adjustable, does it			
swivel and move freely?			
Does the User know how to adjust			
the chair?			
Is the chair adjusted so the User is at			
the correct height in relation to the screen?			
Does the User have a foot stool if one			
is required?			
Is the chair stable and free from			
defects?			
2. SCREEN	1 1		
Does the screen tilt and adjust in			
height?			
Is the screen adjusted to suit the			
User?			
Is the screen free from glare and			
reflection?			
Is text easy to read?			
Does the User know how to adjust			
the settings? 3. KEYBOARD & MOUSE			
Does the keyboard tilt?			
Is the keyboard clean and legible?			
Does the User have a good keying			
technique?			
4. DESK			
Is the desk well organised with plenty of space for Users work and			
equipment?			
Is the desk free from glare?			
Has the User got sufficient leg room?			
5. ENVIRONMENT			
Does the User have room to stretch			
and fidget? Is the workstation free from cables?	+ +		
Is the temperature comfortable with			

adequate ventilation?			
Is the screen suitably positioned in			
relation to natural and artificial light			
sources?			
Is the level of noise comfortable?			
Is the Users workstation clean and Tidy?			
Does the user have access to			
hygiene wipes to keep equipment			
clean and free from germs.			
6. SOFTWARE			
Is the software suitable for the tasks			
undertaken?			
Has the User been sufficiently trained			
in use of the software?			
Does the User Have Any Issues / Quer	ies?: Y	ES /	NO
Details:			

## ACTION SUMMARY

Recommended Actions	Closed Out	Signed