

Schools or Academies Display Screen Equipment User Workstation Assessment

If you have a firstname.lastname@lincolnshire.gov.uk Email address, Please use the Praxis
On-line DSE assessment

User name		Workstation location/area	
School/Academy			
Head Teacher			

	About You	Yes/ No/NA
1.	Do you have a diagnosed condition that adversely affects your ability to undertake your role, that meets the criteria of the Equality Act 2012, or do you have any medical condition that intermittently affects your ability to undertake your day-to-day duties?	
2.	If applicable, is Occupational Health currently involved with your case?	
3.	Are you aware that you are entitled to an eye test if you use display screen equipment (DSE) for a significant part of the day?	
4.	Do you take regular eye breaks from your screen to prevent sore eyes? (An 'eye break' is achieved by frequent looking away from the screen.)	
Your Personal Workstation		
5.	Is the chair stable and does it allow for easy freedom of movement i.e. fitted with five castors?	
6.	Is it possible to easily adjust the height of the chair to suit your needs?	
7.	Is it possible to easily adjust the angle of the backrest to suit your needs?	
8.	Do you ensure that the chair you use is adjusted correctly to suit your needs?	
9.	Is a footrest available for you to use if you are unable to sit with your feet flat on the floor?	
10.	Are you able to adjust your screen in order to achieve a suitable height and position to prevent - or reduce the need for – twisting and/or stretching?	
11.	Does the screen you use have well-defined characters, with adjustable brightness and contrast and will it swivel and tilt so as to prevent or minimise glare and reflection?	
12.	If you use a laptop for prolonged periods, do you use/have access to a separate keyboard, mouse and raiser?	
13.	When using a standard mouse for prolonged periods, do you experience regular pain in your wrists or arms?	
14.	Are you able to arrange your work surface to allow adequate space in front of the keyboard, in order to provide support for your hands and wrists?	
15.	Is the height of the desk/work surface suitable for your use?	
16.	Have you created enough space under your desk/work surface to allow sufficient leg room?	

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Work Comfort and Environment		
17.	Do you ensure that you regularly move around (and/or undertake stretching exercises etc.) at your workstation?	
18.	Is the equipment that you use regularly at your workstation, e.g. phones, files, document holders, etc., appropriately positioned to reduce excessive bending, twisting and over-reaching?	
19.	Is a desk lamp available should the lighting in your office be inadequate for some of the tasks you undertake?	
20.	Is your work equipment positioned to prevent or reduce glare from windows and/or lighting, or have you been provided with an appropriate screen filter or window blinds where it cannot be avoided?	
Wellbeing		
21.	<p>As your employer, we are well aware that in this modern world employees use display screen equipment within their private life, whether that's a laptop, PC, tablet or smart phone.</p> <p>We have no right to tell you what to do in your own time nor are we trying to. However as a responsible employer we want to ensure you are as safe and healthy as possible and therefore have produced some simple guidance so that you can best look after yourself.</p> <p>Please confirm that you have read and understood the information attached</p>	

Additional User comments/concerns/issues
<div style="position: relative; width: 100%; height: 100%;"> EXAM </div>

User Signature.....

Date of Assessment.....

Display Screen Equipment User Workstation Assessment Action Sheet

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Head Teacher			

Question No.	Action/s taken to resolve the issue	Issue Resolved	Further action required

Further actions required

Display Screen Equipment User Workstation Assessment Action Sheet

Additional manager comments

Additional User comments

Statement of Completion

All actions/ additional actions have now taken place. All issues raised within the User assessment have been resolved, with no outstanding issues at this time.

Date.....

DSE User Name.....Signed.....

Manager Name.....Signed.....

Please provide the DSE User with a copy of this Action sheet

Ensure the signed copy is kept on the DSE User staff file