DISPLAY SCREEN EQUIPMENT RISK ASSESSMENT

(Guidance on how to complete this form can be found in SWP Display Screen Equipment (DSE))

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **User Name:** |  | **Managers name:** |  | **Date:** |  |
| **Hub:** |  | **Team/Workplace:** |  | **Assessment No:** |  |

**User to complete Yes/No section**

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| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Display Screens** | | | | | | | | | |
| Are the characters clear and readable? | | |  | |  | Make sure the screen is clean and cleaning materials are made available. Check that text and background colours work well together. | | |  |
| Is the text size comfortable to read? | | |  | |  | Software settings may need adjusting to change text size. | | |  |
| Is the image stable, ie free of flicker and jitter? | | |  | |  | Try using different screen colours to reduce flicker, eg darker background and lighter text. If problems still exist, get the set-up checked, eg by the equipment supplier | | |  |
| Is the user sat directly facing the screen? | | |  | |  | Moving the screen so the user sits directly in front will aid correct posture for the users back | | |  |
| Is the screen’s specification suitable for its intended use? | | |  | |  | 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? | | |  | |  | Separate adjustment controls are not essential, provided the user can read the screen easily at all times. | | |  |
| Does the screen swivel and tilt? | | |  | |  | Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if:   * swivel/tilt is absent or unsatisfactory; * work is intensive; and/or * the user has problems getting the screen to a comfortable position. | | |  |
| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Display Screens Cont:** | | | | | | | | | |
| Is the screen free from glare and reflections? | | |  | |  | * Use a mirror placed in front of the screen to check where reflections are coming from. * You might need to move the screen or even the desk and/or shield the screen from the source of reflections. * Screens that use dark characters on a light background are less prone to glare and reflections. | | |  |
| Are adjustable window coverings provided and in adequate condition? | | |  | |  | * Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. * If these measures do not work, consider anti-glare screen filters as a last resort and seek specialist help. | | |  |
| **Mouse, trackball etc:** | | | | | | | | | |
| Is the keyboard separate from the screen? | | |  | |  | This is a requirement, unless the task makes it impracticable (eg where there is a need to use a portable). | | |  |
| Does the keyboard tilt? | | |  | |  | Tilt need not be built in. | | |  |
| Is it possible to find a comfortable keying position? | | |  | |  | * Try pushing the display screen further back to create more room for the keyboard, hands and wrists. * Users of thick, raised keyboards may need a wrist rest. | | |  |
| Does the user have good keyboard technique? | | |  | |  | 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? | | |  | |  | * 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. | | |  |
| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Mouse, trackball etc:** | | | | | | | | | |
| Is the device suitable for the tasks it is used for? | | |  | |  | 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. Alternative devices such as touchscreens may be better for some tasks (but can be worse for others). | | |  |
| Is the device positioned close to the user? | | |  | |  | Most devices are best placed as close as possible, eg 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? | | |  | |  | * 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. | | |  |
| Does the device work smoothly at a speed that suits the user? | | |  | |  | * 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? | | |  | |  | Users may need training in how to adjust device settings. | | |  |
| **Mouse, trackball etc:** | | | | | | | | | |
| Is the software suitable for the task? | | |  | |  | * 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. | | |  |
| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Furniture:** | | | | | | | | | |
| Is the work surface large enough for all the necessary equipment, papers etc? | | |  | |  | 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. | | |  |
| Can the user comfortably reach all the equipment and papers they need to use? | | |  | |  | Rearrange equipment, papers etc to bring frequently used things within easy reach. | | |  |
| Is there a document holder available? | | |  | |  | A document holder may be needed, positioned to minimise uncomfortable head and eye movements. | | |  |
| Are surfaces free from glare and reflection? | | |  | |  | Consider mats or blotters to reduce reflections and glare | | |  |
| Is the chair suitable? | | |  | |  | The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms. | | |  |
| Is the chair stable? | | |  | |  | * Are all the feet/castors in place * Is the floor even and sound | | |  |
| Does the chair have a working:   * seat back height and tilt adjustment? * seat pan height adjustment? * swivel mechanism? * castors or glides? | | |  | |  | Is the user familiar with the chair operation | | |  |
| Is the chair adjusted correctly? | | |  | |  | * The user should be able to carry out their work sitting comfortably. * Consider training and/or information for 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? | | |  | |  | The user should have a straight back, supported by the chair, with relaxed shoulders. | | |  |
| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Furniture Cont:** | | | | | | | | | |
| Are forearms horizontal and eyes at roughly the same height as the top of the VDU? | | |  | |  | Adjust the chair height to get the user’s arms in the right position, then adjust the VDU height if necessary. | | |  |
| Are feet flat on the floor, without too much pressure from the seat on the backs of the legs? | | |  | |  | If not, a foot rest may be needed. | | |  |
| **Environment:** | | | | | | | | | |
| Is there enough room to change position and vary movement? | | |  | |  | * 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? | | |  | |  | Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources 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? | | |  | |  | * VDUs and other equipment may dry the air. * Circulate fresh air if possible. * Plants may help. Consider a humidifier if discomfort is severe | | |  |
| Are levels of heat comfortable? | | |  | |  | 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? | | |  | |  | Consider moving sources of noise, e.g. printers, away from the user. If not, consider soundproofing | | |  |
| **Training and Information:** | | | | | | | | | |
| Has the user been given training and/or information on the health and safety aspects of DSE? | | |  | |  | * Contact L&D for access to safety media e-learning * See intranet DSE microsite | | |  |
| Has the user had an eye test in the past 2 years? | | |  | |  | All DSE users are entitled to an eye test every two years | | |  |
| Does the user take regular breaks when using DSE for prolonged periods of an hour or more? | | |  | |  | A change of activity away from DSE can be considered as a microbreak | | |  |
| **Risk Factors** | | | User to tick | | | **Things to Consider** | | | **Action to take (to be completed by users manager or DSE assessor )** |
| Yes | | No |
| **Call Centre DSE users only (takes calls while addressing display screen):** | | | | | | | | | |
| Do users have their own headsets if required? | | |  | |  |  | | |  |
| Has the user received training and/or information on how to clean the headset? | | |  | |  |  | | |  |
| Are there approved cleaning materials available? | | |  | |  |  | | |  |
| Does the headset have volume controls? | | |  | |  | Manufacturer controls or a noise cancelling microphone. | | |  |
| Has the user experienced any dulled hearing or ringing in their ears? e.g. acoustic shock incidents | | |  | |  | Call handlers should be encouraged to report to management exposure and management should keep a record of these reported events. | | |  |
| Has the user experienced any loss of voice? (Dysphonia) | | |  | |  |  | | |  |
| **Other issues:** | | | | | | | | | |
| Have the questions covered all the health and safety issues you wish to raise concerning the use of your workstation and workplace? | | |  | |  | e.g. do you have any general health and safety concerns such as excessive workload, lifting and carrying or general health concerns or conditions which may affect how you use your DSE? | | |  |
| **If the answer to the above question is NO please use the space below to provide further details** | | | | | | | | | |
|  | | | | | | | | | |
| **Mobile devices (Laptops; Tablets Smartphones etc.):** | | | | | | | | | |
| Do you use Mobile devices for work? | |  | |  | | | Devices are subject to DSE regulations when in prolonged use. Have mobility bundles been provided and is prolonged use avoided where necessary? See SWP Display Screen Equipment (DSE) for further guidance. |  | |
| **Assessor commentary** | | | | | | | | | |
|  | | | | | | | | | |
| **User signature** |  | | | | | | | | |

**If the user experiences any future health concerns which they feel are related to DSE work they should seek further advice from a DSE assessor and/or the Corporate Health and Safety Service and their own GP.**

**The following section is for use by DSE assessors and user managers only.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessor Name:** |  | **1 to 1 with DSE user held? Y/N:** |  | **Assessor signature:** |  |
| **DSE Assessor course attended Y/N** |  | **Date of 1 to 1:** |  | **User manager signature:** |  |

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| **Have you conducted a posture set up with the user?Y/N:** |  | **Have you carried out a visual check of the users workstation to ensure it is set up correctly?Y/N:** | **Assessor** |

**Recommendations** (In order of priority and date)

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be Taken** | **Person Responsible** | **Target Date** | **Completion Date** |
|  |  |  |  |
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**Assessment Review** (Corrective action to be added to the list above) This assessment must be reviewed if changes occur, or problems are reported. In any event it must be reviewed annually (A review means considering if the assessment is still valid. It is not necessary to repeat the assessment)

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|  | **1st Review** |  | **2nd Review** |  | **3rd Review** |  | **4th Review** |  | **5th Review** |
| **Reviewed by:** |  |  |  |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |  |  |  |