**VEEVE Risk Assessment Guidance Notes and Home Self Assessment Form for Display Screen Equipment**

Conducting Display Screen Equipment [DSE] ergonomic risk assessments is a statutory requirement for users in all workplaces under the ‘Health and Safety [Display Screen Equipment] Regulations 1992’.

The attached form is designed for users to conduct home assessments. If your DSE is an integral part of your job and used regularly for at least an hour a day at home, you are classed as a user. It is extremely unlikely that home workers will be able to simulate purpose built office DSE workstations but you must try to achieve this as far as reasonably practicable.

The attached guide shows how a DSE workstation should ideally be set up.

**Objectives**

* To prevent mental fatigue e.g. eyesight strain
* To prevent postural problems such as back disorders and muscular skeletal problems – fingers, wrists and arms.
* To prevent stress
* To analyse the working environment

The following matters need to be taken into account during assessments:

* **Workplace set up**
  + Examine workstation carefully, checking that everything is set up properly
  + Workstation should be tidy and not cluttered
* **Space**
  + Legroom and surrounding space must be adequate and not occupied with surplus equipment or trailing cables
* **Furniture**
  + Make sure that your computer is placed on a suitable work surface
  + Your chair should support you properly whilst at the workstation
* **Vision** 
  + Make sure that the workstation is well lit and there is no unnecessary glare on your screen
* **Hardware**
  + You may need the following if not already provided: wrist rest, foot rest, monitor raiser, document holder, or screen filter. The DSE summary should indicate this and do not request these items without establishing that they are necessary.
  + If you use a lap top, this needs particular attention. Lap tops are designed principally for casual use in transit and if used at home will need raisers or preferably a separate monitor, keyboard and mouse. If these are not present the assessment and summary should reflect these requirements.
* **Housekeeping** 
  + Adopt a good housekeeping policy and make sure that everything associated with your DSE is suitably located and close to hand
* **Occupational** **Factors**
  + Adopt good ergonomic procedures. For example - position your telephone on your non dominant hand side, pick up the hand set appropriately, leaving you free to write with your dominant hand.
* **Time** **Periods**
  + Make sure that you are not working for extended periods of time without taking regular screen breaks

To complete the form please answer all the questions, making workplace alterations wherever you can to be able to insert a compliant entry. Please summarise any non compliance at the end, referencing item numbers and state the reasons for such non compliance and in your opinion what corrective action or additional equipment is needed or why you are unable to comply.

**Home Assessment Checklist for DSE Users**

Make sure you also read Veeve’s Working from Home Policy.

|  |  |
| --- | --- |
| **Name:** |  |
| **Location:** |  |
| **Job title:** |  |
| **Line Manager:** |  |

**User Please circle**

|  |  |  |
| --- | --- | --- |
| **How long do you spend on DSE per day (in hours)?** |  | |
| **Is your main computer a:** | **LAPTOP** | **PC** |
| **If laptop, do you use a docking station?** | **YES** | **NO** |
| **Is the workstation shared with others?** | **YES** | **NO** |

**Furniture/hardware condition**

|  |  |  |  |
| --- | --- | --- | --- |
| **Is work station furniture in good condition?** | | **YES** | **NO** |
| **If NO, please explain briefly:** |  | | |
| **Is IT hardware in good condition?** | | **YES** | **NO** |

**Glare**

|  |  |  |
| --- | --- | --- |
| **Do you get any screen glare?** | **YES** | **NO** |
| **Do you get any screen reflection?** | **YES** | **NO** |

**Screen**

|  |  |  |
| --- | --- | --- |
| **Does the brightness control work?** | **YES** | **NO** |
| **Does the contrast control work?** | **YES** | **NO** |
| **Is the screen height adjustable?** | **YES** | **NO** |
| **Can the screen tilt angle be adjusted?** | **YES** | **NO** |
| **Is the screen angle satisfactory?** | **YES** | **NO** |
| **Is the upper section of monitor at your eye level?** | **YES** | **NO** |
| **Are the keyboard and monitor in line, directly in front of you?** | **YES** | **NO** |
| **Do you take regular brief breaks from the screen?**  (e.g. 2 minutes every hour) | **YES** | **NO** |
| **Are the characters well defined on the screen?** | **YES** | **NO** |
| **Is a screen filter used?** | **YES** | **NO** |
| **Is the monitor clean?** | **YES** | **NO** |
| **Are the key symbols clear?** | **YES** | **NO** |
| **Can the keyboard be tilted?** | **YES** | **NO** |
| **Is there sufficient space for the keyboard and mouse on the desk?** | **YES** | **NO** |
| **Do your wrists need support while keying?**  **If YES, do you have a proprietary wrist support?** | **YES** | **NO** |
| **YES** | **NO** |

**Desk**

|  |  |  |
| --- | --- | --- |
| **Is the desk at a comfortable working height?** | **YES** | **NO** |
| **Is the desk functional and does it provide sufficient working space?** | **YES** | **NO** |
| **Is there adequate space beneath the desk for your legs & feet?** | **YES** | **NO** |
| **Is the phone positioned for comfortable use?** | **YES** | **NO** |

**Chair**

|  |  |  |
| --- | --- | --- |
| **Do your feet rest comfortably on the floor?** | **YES** | **NO** |
| **Are your forearms and thighs parallel to the floor?** | **YES** | **NO** |
| **Can the seat height be adjusted?** | **YES** | **NO** |
| **Can the height of the backrest be adjusted?** | **YES** | **NO** |
| **Can the angle of the backrest be adjusted?** | **YES** | **NO** |
| **Does the chair have arm supports?** | **YES** | **NO** |
| **Is a foot rest required?** | **YES** | **NO** |

**Mouse**

|  |  |  |
| --- | --- | --- |
| **Do you have any discomfort when using the mouse?** | **YES** | **NO** |
| **Do you have to stretch or twist to use your mouse?** | **YES** | **NO** |

**Software**

|  |  |  |
| --- | --- | --- |
| **Is the software suitable for the job you do?** | **YES** | **NO** |

**General**

|  |  |  |
| --- | --- | --- |
| **Is lighting satisfactory?** | **YES** | **NO** |
| **Are the blinds in your working area acceptable?** | **YES** | **NO** |
| **Is there sufficient ventilation in your work area?** | **YES** | **NO** |
| **Are the power sockets in suitable locations?** | **YES** | **NO** |
| **Are cables and wires secure and tidy?** | **YES** | **NO** |
| **Is the flooring acceptable?** | **YES** | **NO** |
| **Is the temperature generally satisfactory?** | **YES** | **NO** |
| **Is the background noise at an acceptable level?** | **YES** | **NO** |

**Health**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you experience regular headaches?** | | | **YES** | **NO** |
| **Do you experience regular eye strain/sore eyes?** | | | **YES** | **NO** |
| **Do you have any aches regularly?** | | | **YES** | **NO** |
| **If YES, please state briefly:** |  | | | |
| **Are glasses/contact lenses worn?** | | | **YES** | **NO** |
| **When did you last have your eyes tested?** | **NEVER** | **OVER 2 YRS AGO** | **1-2 YEARS**  **AGO** | **LAST 12**  **MONTHS** |

**Any further information you think may be relevant:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

**Please return this form to your Manager**