

DSE Assessment

Evaluate workstation setup for anyone using screens regularly. Identify risks from poor posture, lighting or equipment and recommend improvements.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

User Information

1 Employee name *

2 Employee number

3 Line manager name

4 Average hours spent using DSE per day

5 Work pattern

Full time office

Part time office

Hybrid working

Remote working

Hot desking

Multiple locations

6 Primary workstation location

Office

Home

Shared workspace

Hot desk

Other

7 Multiple workstations used

Yes

No

N/A

8 Details of other workstations

Workstation Setup

9 Display screen setup

Satisfactory

Minor issues

Significant issues

10 Number of screens used

11 Display screen comments

12 Keyboard and mouse setup

Satisfactory

Minor issues

Significant issues

13 Keyboard and mouse comments

14 Desk and work surface

Satisfactory

Minor issues

Significant issues

15 Sit-stand desk provided

Yes

No

N/A

16 Desk comments

17 Chair setup

Satisfactory

Minor issues

Significant issues

18 Chair type

Standard office chair

Ergonomic chair

Kneeling chair

Saddle chair

Standing desk stool

Other

19 User knows how to adjust chair

Yes

No

N/A

20 Chair comments

21 Working posture

- Satisfactory Minor issues Significant issues

22 Posture comments

Environment

23 Lighting

- Satisfactory Minor issues Significant issues

24 Lighting comments

25 Temperature and ventilation

- Satisfactory Minor issues Significant issues

26 Environment comments

27 Noise levels

- Satisfactory Minor issues Significant issues

28 Space and safety

- Satisfactory Minor issues Significant issues

Software and Work Patterns

29 Software suitable for tasks

Yes

No

N/A

30 Software comments

31 Regular breaks from DSE taken

Yes

No

N/A

32 Tasks varied throughout the day

Yes

No

N/A

33 Work pattern comments

Health and Wellbeing

34 User experiencing any discomfort

Yes

No

N/A

35 If yes, describe discomfort and location

36 Duration of symptoms

37 Symptoms reported to line manager or occupational health

Yes

No

N/A

38 Medical advice sought

Yes

No

N/A

Eye Tests

39 User aware of entitlement to eye test

Yes

No

N/A

40 Date of last eye test

41 Corrective lenses required for DSE use

Yes

No

N/A

42 Special DSE glasses provided if applicable

Yes

No

N/A

Training

43 DSE awareness training provided

Yes

No

N/A

44 Date of training

45 User understands how to set up workstation correctly

Yes

No

N/A

46 Further training required

Yes

No

N/A

47 Training comments

Special Requirements

48 Reasonable adjustments required

Yes

No

N/A

49 Details of adjustments

50 Specialist equipment required

Yes

No

N/A

51 Details of specialist equipment

52 Occupational health referral required

Yes

No

N/A

Home and Mobile Working

53 Home workstation requires assessment

Yes

No

N/A

54 Home workstation condition

Not applicable

Satisfactory

Minor issues

Significant issues

55 Equipment provided for home working

56 Laptop used with appropriate accessories

Yes

No

N/A

57 Home working comments

Overall Assessment

58 Overall workstation condition *

Satisfactory

Minor issues identified

Significant issues identified

Unsuitable

59 Main issues identified

60 Positive findings

61 Risk level

Low

Medium

High

Actions Required

62 Actions and recommendations

63 Person responsible

64 Target completion date

65 Priority

Low

Medium

High

Urgent

66 Follow-up assessment required

Yes

No

N/A

67 Follow-up date

User Declaration

68 I have been involved in this assessment *

Yes

No

N/A

69 I understand the findings and recommendations *

Yes

No

N/A

70 I will report any future discomfort or concerns *

Yes

No

N/A

71 User signature *

Signature

72 Date *

Assessor Sign-off

73 Assessor signature *

Signature

74 Date *

75 Line manager signature

Signature

76 Date acknowledged

77 Additional comments
