DSE Workstation Assessment

Self-assessment of a computer workstation: screen, keyboard, chair, desk, environment and any discomfort.

User

Name *	
Department	
Location	
Working pattern *	☐ Office ☐ Home ☐ Hybrid
Date *	_____ / _____ / _____
Hours per day at screen	

Workstation

Item	Yes	No
Screen at or slightly below eye level *	☐	☐
Screen free from glare and reflections *	☐	☐
Text clear and readable *	☐	☐
Keyboard separate and adjustable *	☐	☐
Space in front of keyboard to rest hands *	☐	☐
Mouse close to keyboard *	☐	☐
Chair height adjustable *	☐	☐
Back rest adjustable and supportive *	☐	☐
Feet flat on floor or footrest *	☐	☐
Desk large enough *	☐	☐
Adequate lighting *	☐	☐
Comfortable temperature *	☐	☐
Regular breaks taken *	☐	☐

Health

Do you experience any discomfort when using DSE? *	☐ Yes ☐ No
Details of discomfort	
Would you like an eye test?	☐ Yes ☐ No

Equipment requested	
Actions agreed	
User signature *	
Assessor name	
Assessor signature	

* Required