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|  | *Risk Matrix for DSE Assessor’s Use*  |
| **BHCC_logo_4cm****Display Screen Equipment (DSE) Self Assessment & Risk Assessment Form** | Likelihood |  | Severity |
| Very unlikely  | 1 | Minor injury – no time off  |
| Unlikely  | 2 | Injury – up to 7 days off  |
| Likely | 3 | Reportable condition |
| Very likely  | 4 | Major injury/ long-term absence |
| Certain  | 5 | Death |
| Risk rating = Likelihood X Severity |
| Low = 1- 8 | Medium = 9 – 15 | High = 16 - 25 |
| **Name of user** |  | **Occupation** |  |
| **Workplace address** |  |
| **Are you:**  | **A Fixed Based Office Worker** **[ ]** **A Flexible Worker (works from a number of different desks)** **[ ]  A Flexible Worker who is temporarily working from home [ ]** **A Home Worker (predominantly based at home)** **[ ]**  |
| **DSE e-learning completed?** | **Yes [ ]** **No [ ]**  |
| **Self Assessment Date:** |  | **Manager:** |  |
| **Full DSE Assessment Date:** |  | **DSE Risk Assessor:** |  |
| **Review Date:** |  |  |  |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| 1. **The User**
 |
| Do you experience any wrist aches or pains at work?  |  |  |  |  |  |
| Do you experience tired eyes or headaches at work? |  |  |  |  |  |
| Have you had an eye examination within the last 2 years?  |  |  |  |  |  |
| Do you experience any other health issues associated with DSE work, e.g. neck, shoulder, arm, back, eye problems? |  |  |  |  |  |
| Have you reported any health issues or pain to your manager? |  |  |  |  |  |
| Have you received any specific recommendations about DSE equipment from Occupational Health or your GP? |  |  |  |  |  |
| Are you a new or expectant mother? (If yes, you should also be receiving specific individual risk assessments as specified in BHCC’s New & Expectant Mothers Standard |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **2. The Chair** |
| Do you have access to chairs that are comfortable and free from defects? |  |  |  |  |  |
| Do the chairs swivel freely on a stable 5 star base? |  |  |  |  |  |
| Are the backrests adjustable? (height and tilt) |  |  |  |  |  |
| Are the height and angle of the seats adjustable? |  |  |  |  |  |
| Do the chairs have armrests and do they fit under the desk? |  |  |  |  |  |
| Do you have the use of a footrest if required? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **3. The Desk** |
| Can any of the desks be set at the correct height to suit you? |  |  |  |  |  |
| Are the desks stable and level? |  |  |  |  |  |
| Are the desk surfaces of low reflectance? |  |  |  |  |  |
| Is there sufficient space on the desks for your work equipment? |  |  |  |  |  |
| Is there sufficient room under the desks for your legs?  |  |  |  |  |  |
| Is the telephone placed in an appropriate place on the desks to avoid stretching? |  |  |  |  |  |
| Do you have a document holder if required? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **4. The Screen** |
| Can the screens be set at the correct height for you? *(top of screen should be level with your eyes)*  |  |  |  |  |  |  |
| Do you sit approximately an arm’s length distance away from the screen? |  |  |  |  |  |
| Is there a tilt facility?  |  |  |  |  |  |
| Are the screens free from glare/reflection?  |  |  |  |  |  |
| Are you able to adjust the brightness/contrast? |  |  |  |  |  |
| Do you regularly work from more than 1 monitor screen at a time? |  |  |  |  |  |
| If so, are both screens set to the same resolution and height? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **5. The Keyboard and Mouse** |
| Is there sufficient space for the keyboard and for you to rest your wrists during pauses in typing? |  |  |  |  |  |
| Are the keyboards you use clean and symbols clear? |  |  |  |  |  |
| Is the mouse you use placed in an ergonomic way? *(close to you and the keyboard?)* |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **6. Hot Desking**  |
| Do you hot desk?(i.e.use a number of different desks) |  |  |  |  |  |
| Do you feel able to set up your workstation correctly? |  |  |  |  |  |
| Do you have access to specific equipment that you may need? Footrest, document holder etc.  |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **7. Laptops & Other Mobile Devices** |
| Do you use a laptop to carry out your work?  |  |  |  |  |  |
| Do you have access to a docking station? |  |  |  |  |  |
| Do you have access to a laptop stand & separate keyboard and mouse? |  |  |  |  |  |
| Do you have a suitable means i.e. trolley/bag to carry and/or transport the laptop? |  |  |  |  |  |
| Do you experience any manual handling issues when carrying/ transporting the laptop? |  |  |  |  |  |
| Do you use a mobile device such as a smartphone or tablet to carry out work for sustained periods (i.e. for over 15 minutes at a time)? |  |  |  |  |  |
| Do you have access to a tablet stand and separate keyboard and mouse? |  |  |  |  |  |
| Do you use any techniques to reduce the need to type, such as voice input or keyboard short cuts when using your mobile device? |  |  |  |  |  |

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| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |
| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **8. Home working** |
| Do you work at home on ad-hoc basis (or are temporarily based there due to Covid-19) |  |  |  |  |  |
| Are you based at home? (you carry out your work wholly from home) |  |  |  |  |  |
| Have you completed the Health and Safety Assessment for Working from Home? |  |  |  |  |  |
| Does the council provide the necessary workstation equipment for you to carry out your work?  |  |  |  |  |  |
| Has a dedicated space been identified for working from home? |  |  |  |  |  |
| Are you familiar with your team’s home working guidelines or procedures? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **9. Work Organisation**  |
| Do you take regular breaks away from your workstation?(recommended - *5-10 min break every hour).**NB if using a mobile device without any of the recommended controls in section 7, a 2 min break every 15 min is recommended.*  |  |  |  |  |  |
| How many hours on average do you spend on the computer daily? |  |  |  |  |  |
| Do you undertake work that includes long periods of concentration, repetitive movements, or excessive mouse work? |  |  |  |  |  |
| Are you aware of shortcut codes to reduce use of the mouse?  |  |  |  |  |  |
| Can you control the pace of your work? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

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| **Assessment Area** | **Y/N** | **User Comments** | **DSE Assessor Comments/Recommendations** | **Action By Whom** | **Deadline** |
| **10. Local Environment** |
| Is there sufficient space for you to get to and from the workstation freely?  |  |  |  |  |  |
| Is there sufficient light? |  |  |  |  |  |
| Are adjustable blinds fitted at the windows? |  |  |  |  |  |
| Is the temperature comfortable and adjustable? |  |  |  |  |  |
| Are noise levels comfortable around you? |  |  |  |  |  |
| Is the work area free from trip hazards? |  |  |  |  |  |
| Is there adequate storage space? |  |  |  |  |  |
| Are wipes available for cleaning DSE/equipment? |  |  |  |  |  |
| *For DSE Assessor Use:* Current Risk Rating (H,M,L) |  | Revised Risk Rating (H,M,L) *(After recommended actions have been completed)* |  |

**Additional Information**

Signed: Date:

**DSE Assessor Comments**

Signed: Date:

**Manager Comments:**

Signed: Date: