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| Health & Safety |
| Self Assessment Checklist – Minimum requirements |
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| **This checklist is not entirely appropriate for laptops** |

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| Service: |       |

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| Location of work station: |       |

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| Date completed: |       |

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| The Display Screen Equipment user, with the below guide as an aide, should complete the self-assessment checklist. This is also suitable for self assessing a home working environment. |
| The DSE user’s Service will keep the completed checklist, with their other health and safety documentation and risk assessments. A copy should be forwarded to Human Resources for record on your personal file. Not all of the below check list will apply to your work station – mark N/A as appropriate |
| **The self-assessment should be reviewed on an annual basis or following change to your work location** |

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| Self Assessment Check List |

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| **Item** | **Description** | **Okay?** | **Comments** |
| Yes | No |
| **Desk** | Adequate size | [ ]  | [ ]  |       |
|  | Adequate height | [ ]  | [ ]  |       |
|  | Surface finish | [ ]  | [ ]  |       |
|  | Space | [ ]  | [ ]  |       |
| **Chair** | General comfort | [ ]  | [ ]  |       |
|  | Adjustable height | [ ]  | [ ]  |       |
|  | Adjustable back | [ ]  | [ ]  |       |
|  | 5 castors on feet | [ ]  | [ ]  |       |
| **Screen** | Screen swivels | [ ]  | [ ]  |       |
|  | Screen tilts | [ ]  | [ ]  |       |
|  | Height | [ ]  | [ ]  |       |
|  | Glare etc. | [ ]  | [ ]  |       |
| **Keyboard** | Adjustable | [ ]  | [ ]  |       |
|  | Space | [ ]  | [ ]  |       |
| **Environment** | Lighting | [ ]  | [ ]  |       |
|  | Glare | [ ]  | [ ]  |       |
| **Peripherals** | Document holder | [ ]  | [ ]  |       |
|  | Foot rest | [ ]  | [ ]  |       |
|  | Screen filter | [ ]  | [ ]  |       |
|  | Cleaning materials | [ ]  | [ ]  |       |
|  | Wrist support | [ ]  | [ ]  |       |

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| **What other information/training (if any) do you require regarding the use of display screen equipment and layout of the workstation?** |
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| **Any other comments/recommendations/specific issues; to include any health & wellbeing concerns** |
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| Print Name: |       |

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| --- | --- | --- | --- |
| Signed: |  | **Date:** |       |
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| Position: |       Tel No: |
| Manager’s Name:  |  |

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| **NB: In the first instance your Line Manager/Team Leader is responsible for the implementation of any necessary corrective action. Health & Safety can assist with support and guidance as required.**For information on why we are collecting this data and how long it will be kept for please see Harlow Council’s Privacy Notice for Employees available on the Harlow Council website at [www.harlow.gov.uk/employees-privacy-notice](http://www.harlow.gov.uk/employees-privacy-notice) **Health & Safety Team**July 2020 |