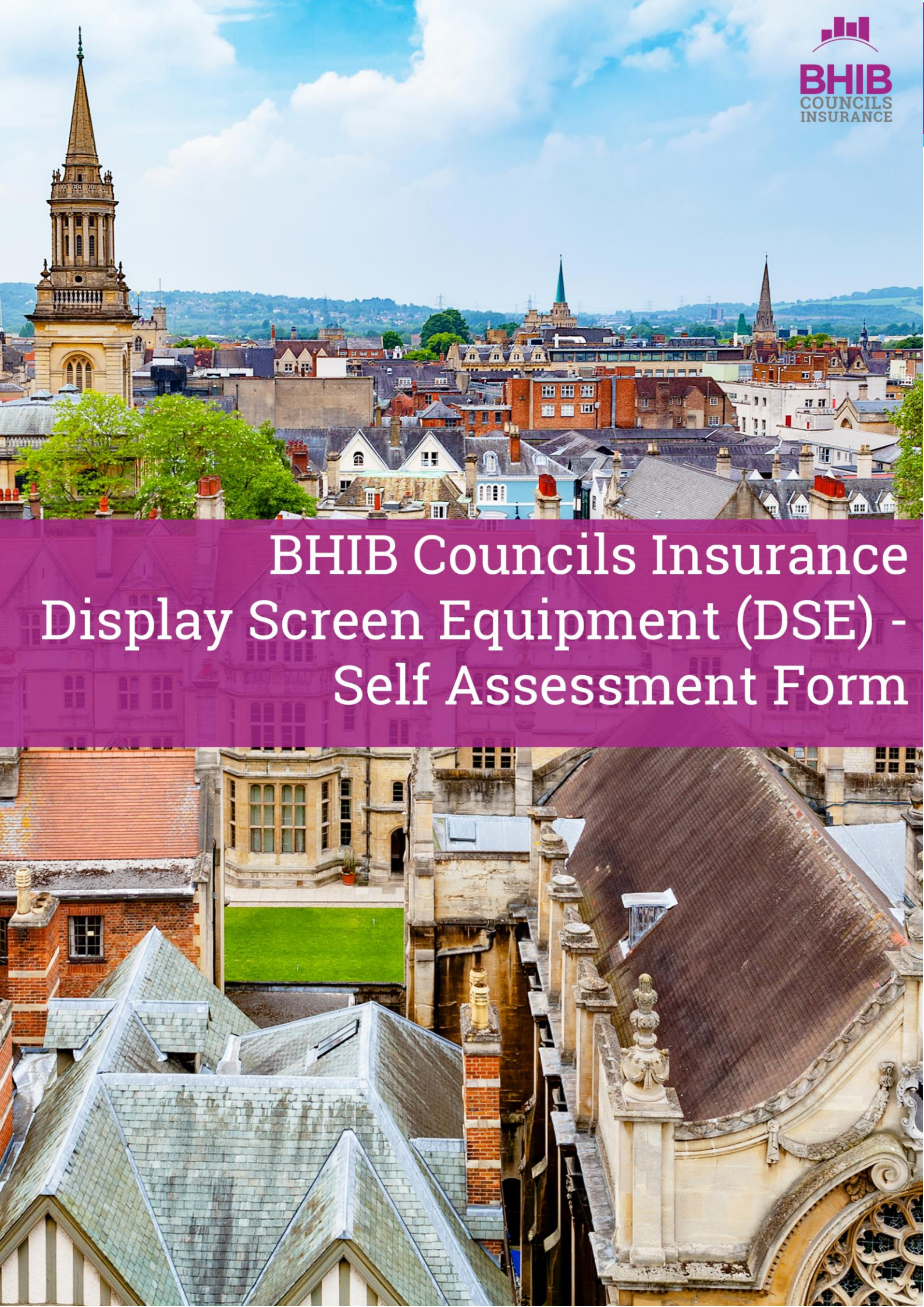

BHIB COUNCILS INSURANCE

BHIB Councils Insurance Display Screen Equipment (DSE) - Self Assessment Form

This DSE self-assessment is undertaken in accordance with the Health and Safety (Display Screen Equipment) Regulations and is **only** to be completed by employees who are Defined DSE Users. Essentially a Defined DSE User is someone who habitually uses DSE as a significant part of their normal work.

Name of Employee: Michelle Harrington

Council: Puddletown Area Parish Council

Date of Assessment: 27-11-23 **Date of Review:** 12-12-23

SECTION A

The Defined DSE User should complete this section and can seek assistance from their manager if required. The questions will cover the complete DSE workstation, asking questions on each element and will relate back to the training you have undertaken. If you have not completed the training please complete this before commencing this DSE self-assessment.

Please tick **Yes, No** or **Not Applicable** for each question. If you answer **No** to any questions, please take the action as described. Please complete this for your normal workstation.

1. Display Screen	Yes	No	Action to take	Action taken Yes/No
Is the screen set squarely in front of you?	✓		Please adjust the position of the screen accordingly.	
Is the screen set at the right height and tilt for your typing skill/eye-line?	✓		Please adjust the position of the screen accordingly.	
Does the screen swivel and tilt and adjust in height?	✓		Swivel and tilt may not be built in but it can be arranged if required for your needs e.g. monitor arm. Please notify your manager if it is not available and needed.	
Is the screen free from glare and reflection?	✓		Please identify the source of glare/reflection. If necessary and you are able to; move the screen without affecting the correct workstation position. If you still unable to resolve this issue please notify your manager.	

Is the image stable i.e. free from flicker?	✓		Try using different screen colours to reduce flicker e.g. darker background and lighter text.	
Is the text size comfortable to read?	✓		Software settings may need adjusting to change text size.	
Is the screen's specification suitable for its intended use?	✓		Small detailed work requires larger display screens. Please notify your manager to discuss.	
Are the brightness and contrast adjustable?	✓		Facilities to adjust should be provided within the screen.	

2. Keyboard	Yes	No	Action to take	Action Taken Yes/No
Is the keyboard set squarely in front of you?	✓		Please adjust the position of the keyboard accordingly.	
Is the keyboard separate from the screen? (This also applies if you use a laptop as your normal DSE.)	✓		This is a requirement unless the task makes it impractical e.g. for infrequent ad-hoc tasks or where you may use your laptop for short periods.	
Does the keyboard tilt?	✓		Please note that tilt does not need to be built in. However, if it is required to achieve a comfortable keying position for you then notify your line manager.	
Are the characters clear and readable?	✓		Keyboards should be kept clean. If characters still cannot be read, the keyboard may need modifying or replacing.	

3. Mouse	Yes	No	Action to take	Action Taken Yes/No
Is the mouse positioned close to you? (e.g. right beside the keyboard)	✓		Please re-arrange your workspace to allow for sufficient space to move it close by you.	
Does the device work smoothly and at a speed that suits you?	✓		See if the device needs cleaning. You can adjust your mouse setting under control panel.	
Is there support for your wrists and forearms? (e.g. desk surface)	✓		Please re-arrange the workspace to allow for sufficient space as explained in the training.	

4. Furniture	Yes	No	Action to take	Action Taken Yes/No
Is there sufficient space beneath your desk for your legs?	✓		Please remove all obstructions from underneath the desk.	
Is the work surface large enough for all the work equipment?	✓		Please create more room by moving materials elsewhere.	
Are the surfaces free from glare and reflection?	✓		Please notify your manager if you cannot resolve this yourself.	
Is there sufficient space in front of the keyboard for your hands?	✓		Please move the keyboard forward to allow enough space as explained in the training.	

5. Chair	Yes	No	NA	Action to take	Action Taken Yes/No
Is the chair stable?	✓			Please notify your manager.	
Is the base a 5 star configuration on castors that move freely?	✓			Please notify your manager.	
Is the small of the back supported by the chairs' back (e.g. it has lumbar support)	✓			Please adjust in accordance with the training and if you cannot adjust to the correct position, please notify your manager.	
Is the chair seat height adjustable?	✓			Please adjust in accordance with the training and if you cannot adjust to the correct position, please notify your manager.	
Is the back adjustable for height and tilt? (These adjustments should be available on your chair but how to adjust will vary from chair to chair)	✓			Please adjust in accordance with the training and if you cannot adjust to the correct position, please notify your manager.	

Is the seat pan depth satisfactory in the correct sitting position? (The distance between the front edge of your chair and the back of your knee should be not be more that the width of your hand)	✓			Please adjust in accordance with the training and if you cannot adjust to the correct position, please notify your line manager.	
If your chair has armrests do they adjust in height?	✓			Armrests are not essential but if you cannot adjust those fitted to the chair to the correct position, please notify your manager	

6. Work Activity	Yes	No	Action to take	Action Taken Yes/No
Do you vary your work and take regular breaks away from your workstation? e.g. micro break	✓		Try to follow the 20,20 20 rule. The 20, 20, 20 rule suggests taking a break of at least 20 seconds, e very 20 minutes and to look at least 20 feet away.	
Are you aware as a defined DSE user you are entitled to an eyesight test?	✓			

7. Software	Yes	No	Action to take	Action Taken Yes/No
Is the software suitable for the tasks you undertake? (Excel, word, Google mail)	✓		Please notify your manager.	
Have you received appropriate training in the use of the software?	✓		Please notify your manager.	

8. Environment	Yes	No	Action to take	Action Taken Yes/No
Is there sufficient natural or artificial light at the workstation? (This includes additional lighting e.g. desk lamps, if necessary)	✓		If you have concerns about lighting levels at the workstation, please notify your manager.	
Are the windows fitted with a system to limit the effects of reflection and glare? (e.g. blinds/curtains)	✓		If you have concerns about reflections/glare at the workstation, please notify your manager.	
Are cables routed safely to prevent a tripping or electrical hazard?	✓		Please notify your manager.	

Is there enough room to change position and vary movement?	✓		Please notify your manager.	

9. Overall			Action to take	
Are your feet on the floor without too much pressure from the seat on the back of the legs?	✓		Please notify your manager as a footrest may be required.	
When your chair is adjusted correctly does the desk height cause you any issues? (e.g. knees touching desk bent back)		✓	Following a conversation with Michelle we both agree that No is the most accurate answer and action would only be required if the answer was yes	

10. Other	
Do you have any other issues associated with working with DSE that are not covered in this assessment?	Please list these issues here and raise with your manager. N/A

If you are currently experiencing ill-health symptoms, which you associate with the use of DSE, please speak to your manager.

Once this part of this form has been completed, please sign and date and give to your manager to complete and sign. Your manager will retain a copy for their records on your personal file and give you a copy.

Employee SignatureM Harrington…….. **Date**27-11-23……

SECTION B

The manager must complete this section. Please detail the actions to be taken when "No" has been answered in section A.

ACTIONS TO BE TAKEN BY MANAGER (continue on separate sheet if necessary)

Full details:	
Action	**Date Taken**
No action reqruied	

Date of feedback to employee	20th December 2023	

Signature of Manager:……. **Date:**9th January 2024**……..……**

Any views or opinions expressed in this document are for guidance only and are not intended as a substitute for appropriate professional advice. We have taken all reasonable steps to ensure the information contained herein is accurate at the time of writing. In relation to any particular risk assessment issues, readers are advised to seek specific advice.

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