

MOD - DSE User Assessment Form

Notes for completion: Work through the checklist, (Further guidance [Work with display screen equipment – HSE - L26](#))

Where remedial action to a 'yes' or 'no' answer is carried out by the commander or manager, they **should** record their decisions in the 'Action to Take' column. Users **should** check later that where remedial actions have been put in place, these have resolved the problem.

Organisation / Business Area / Military Unit:		Workstation location	
User's name: (and signature if form printed)		Service / Staff number	
Relevant DSE Workstation Assessment reference number		Date of initial assessment	
Total time workstation and DSE are used per working day	Less than 4 hrs <input type="checkbox"/>	4 to 7 hrs <input type="checkbox"/>	More than 7 hrs <input type="checkbox"/>
DSE User Assessment Type	Office <input type="checkbox"/>	Home / Remote <input type="checkbox"/>	Portable <input type="checkbox"/>
Commander / manager name; (and signature if form printed)		Rank / Grade & Role	

DSE User Assessment					
Ref	Risk Factor	Yes	No	Things to Consider	Action to Take
Training					
1	Have you undertaken the mandatory DSE user training?	<input type="checkbox"/>	<input type="checkbox"/>	Military personnel to complete the DLE training course V397. Civilian personnel to complete the mandatory CSL Health and Safety course annually. ¹	
2	Do you know how to use keyboard shortcuts for the software you use? If not, see link Keyboard-Shortcuts	<input type="checkbox"/>	<input type="checkbox"/>	These can reduce wrist problems by minimising the need to use a mouse. Link to Microsoft Keyboard tips and tricks which may help.	
Working Patterns					
3	Is it possible to vary your work?	<input type="checkbox"/>	<input type="checkbox"/>	Break the working pattern up with short breaks rather than one long break.	
4	Are there intensive periods of data manipulation or mouse work?	<input type="checkbox"/>	<input type="checkbox"/>	Combine the use of shortcut keystrokes and the mouse; take regular breaks.	
Individual Factors					
5	Do you have an existing medical condition that needs to be taken into consideration?	<input type="checkbox"/>	<input type="checkbox"/>	Existing medical conditions can be made worse by DSE work. Special furniture or an occupational health assessment may be needed. Has the commander or manager been informed of the condition?	
6	Can your workstation be adjusted appropriate to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	Can the desk, chair, monitor etc be set at an appropriate height?	

¹ This is a baseline and Defence organisations may have additional mandatory training.

7	Have you had an eyesight test within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	It is recommended that eyesight tests are carried out at least every two years. Corporate Eyecare Scheme vouchers should be available from your Business Manager.	
When using DSE					
8	Are you free from aches and pains in your neck, back, shoulder or upper limbs?	<input type="checkbox"/>	<input type="checkbox"/>	Take regular breaks. Check posture, workstation setup and furniture adjustments etc. Perhaps get an Occupational Health assessment conducted. Is a doctor's report available?	
9	Do you have enough room to change position and vary movement?	<input type="checkbox"/>	<input type="checkbox"/>	Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.	
10	Do you suffer from headaches, sore, tired or dry eyes?	<input type="checkbox"/>	<input type="checkbox"/>	Check humidity and lighting. Advise having eyesight tested.	
11	Do you have difficulties in focusing on the screen or difficulty in re-focussing when looking away from the screen?	<input type="checkbox"/>	<input type="checkbox"/>	Consider having an eyesight test. Take regular breaks from screen use.	
12	Is the chair suitable and the seating position comfortable? (most chairs have time / weight limitations).	<input type="checkbox"/>	<input type="checkbox"/>	Replace / adjust the chair to provide adequate support (including lumbar) and a good posture.	
13	Are your feet flat on the floor without too much pressure from the seat on the backs of the legs?	<input type="checkbox"/>	<input type="checkbox"/>	Consider using a footrest or getting the desk height adjusted.	
14	Are your forearms horizontal and eyes at roughly the same height as the top of the screen?	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the chair and screen. Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help.	
15	Do you have good keyboard technique?	<input type="checkbox"/>	<input type="checkbox"/>	Avoid having your hands bent at the wrist, hitting keys too hard or overstretching your fingers	
16	Do you consider that the lighting is suitable, e.g. not too bright or too dim to work comfortably?	<input type="checkbox"/>	<input type="checkbox"/>	Users should be able to control light levels, e.g. by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, e.g. desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).	
17	Do you feel the air condition is comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	Display screens and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.	

18	Do you feel that the level of heat is comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	Can heating be better controlled? More ventilation or air-conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?	
20	Do you feel that the level of noise is comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	Consider moving sources of noise, e.g. printers, away from the user. If not, consider soundproofing.	

Additional comments – Detail any other problems that the checklist may not have covered.

Recording DSE User Assessment Actions

The DSE user **must** agree with their commander, manager or accountable person (AP) on what actions are required and record them below. The DSE user **must** review the actions implemented to make sure they have resolved the problem.

Recommended actions to take

Ref No	Action	Actionee	Date Completed

Is a specialist DSE assessment required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have actions required been completed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Have the actions resolved the problem?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If No then further actions or control measures may need to be implemented to resolve the problem?
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User's name (and signature if form printed)	
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Commander / manager name (and signature if form printed)	
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DSE User Assessment Review

Time frame (i.e. after a significant change) and / or reason for review	
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User's name (and signature if form printed)		Review Date	
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Commander / manager name (and signature if form printed)		Review Date	
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