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DISPLAY SCREEN EQUIPMENT SELF-ASSESSMENT

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This Policy was adopted by the Council at its meeting held on: 26 April 2021

Minute 318/20

GOVERNING BODY: HYTHE TOWN COUNCIL, TOWN COUNCIL OFFICES, OAKLANDS, 1 STADE STREET,
HYTHE, KENT. CT21 6BG



This Display Screen Equipment (DSE) self-assessment is undertaken in accordance with the current Health and Safety Regulations and is **only** to be completed by employees who are defined as DSE Users.

Essentially, a DSE user is someone who habitually uses a display screen / monitor as a significant part of their normal work.

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.



Name of Employee:

Council:

Date of Assessment:

Date of Review:

SECTION A

The Defined DSE User should complete this section and can seek assistance from their manager if required.

Please tick Yes, No, or Not Applicable for each question.

If you answer No to any questions, please take the action as described.

Display Screen	Yes	No	Action to take	Action taken Yes/No
Is the screen set squarely in front of you?			Adjust the position of the screen accordingly.	
Is the screen set at the right height and tilt for your typing skill/eye-line?			Adjust the position of the screen accordingly.	
Is the screen free from glare and reflection?			Identify the source of glare/reflection. If necessary, move the screen without affecting the correct workstation position. If you are still unable to resolve this issue, 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. Notify your manager to discuss this.	
Are the brightness and contrast adjustable?			Facilities to adjust are normally provided via buttons on the monitor.	

Please complete this for your normal workstation.



Keyboard	Yes	No	Action to take	Action taken Yes/No
Is the keyboard set squarely in front of you?			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?			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.	

Mouse	Yes	No	Action to take	Action Taken Yes/No
Is the mouse positioned close to you? (e.g., right beside the keyboard)			Re-arrange your workspace to allow for sufficient space to move it close to 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 using the 'control panel' facility on your pc	
Is there support for your wrists and forearms? (e.g., desk surface)			Re-arrange the workspace to allow for sufficient space.	

Furniture	Yes	No	Action to take	Action taken Yes/No
Is there sufficient space beneath your desk for your legs?			Remove all obstructions from underneath the desk.	
Is the work surface large enough for all the work equipment?			Create more room by moving materials elsewhere.	
Are the surfaces free from glare and reflection?			Notify your manager if you cannot resolve this yourself.	
Is there sufficient space in front of the keyboard for your hands?			Move the keyboard forward to allow enough space.	



Chair	Yes	No	Action to take	Action taken Yes/No
Is the chair stable?			Notify your manager.	
Is the base a 5-star configuration on castors that move freely?			Notify your manager.	
Is the small of the back supported by the chairs' back (e.g., it has lumbar support)			Adjust as required. If you cannot adjust to the correct position, notify your manager.	
Is the chair seat height adjustable?			Adjust as required. If you cannot obtain the correct position, 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)			Adjust as required. If you cannot obtain the correct position, 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 not be more than the width of your hand)			Adjust as required. If you cannot obtain the correct position, notify your 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, notify your manager	



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			If you have concerns notify your manager	
Are you aware as a defined DSE user you are entitled to an eye test?			If you have concerns notify your manager	

Software	Yes	No	Action to take	Action taken Yes/No
Is the software suitable for the tasks you undertake? (Excel, word, Google mail)			If not, notify your manager.	
Have you received appropriate training in the use of the software?			If not, notify your manager.	

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, 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 lighting levels at the workstation, notify your manager.	
Are cables routed safely to prevent tripping or electrical hazard?			If not, notify your manager.	
Is there enough room to change position and vary movement?			If not, notify your manager.	



Once this part of this form has been completed, please sign, date, and give it 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 Signature.....

Date.....

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 a separate sheet if necessary)

Full Details	
Action	Date Taken



Date of feedback to the employee	

Signature of Manager:.....

Date:.....

