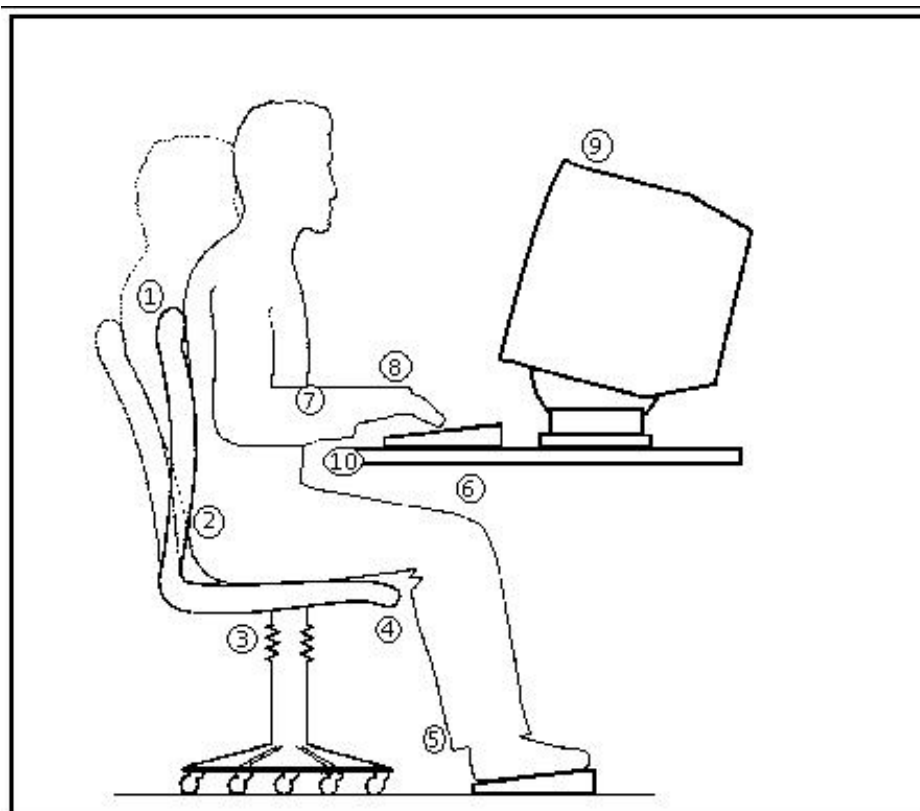


The following questionnaire is designed to allow a home worker to assess their working environment. Where a home worker has answered 'No' to any question in Part B or provided details of any health effects in Part C, the employer should investigate and assess further and/or make any workstation adjustments, if necessary.

Before completing this questionnaire please refer to figure 1 for guidance on DSE set up and seating position.

Figure 1. Seating and Posture for Typical Office Tasks



1. Seat back adjustability.

2.	Good lumbar support.
3.	Seat height adjustment.
4.	No excess pressure on underside of thighs and backs of knees.
5.	Footrest, if needed.
6.	Space for postural change, no obstacles under desk.
7.	Forearms approximately horizontal.
8.	Minimal extension, flexion or deviation of wrists.
9.	Screen height and angle should allow comfortable head position.
10.	Space in front of keyboard to support hands/wrists during pauses in keying.

Employee's Name:	
Department:	
Date of Assessment:	

Part A

General Information	Yes	No
Are you happy with the arrangements for communicating with your Line Manager or other colleagues?		
❖ Face to face.		
❖ By telephone.		
❖ By email or post.		
Comments		
	Yes	No
Do you suffer from fatigue or stress?		
Comments		

	Yes	No
Do you have problems with vision (e.g. headaches, focusing difficulties, eye discomfort, difficulties seeing or reading the screen or source documents)?		
Do you have any concerns about managing your workload?		
Comments		

Part B

Environment	Yes	No
Is access to, and exit from the workstation safe?		
Is there a suitable escape route available?		
Are the temperature and humidity levels comfortable?		
Is there suitable natural ventilation that does not cause discomfort from draughts?		
Is there suitable mechanical ventilation that does not cause discomfort from draughts?		
Are noise levels comfortable?		
Is there sufficient workspace?		
Is the lighting, including any specific task lighting, sufficient?		
Are you able to control the amount of natural light with blinds or curtains?		
Is the lighting available unlikely to cause a glare problem?		
Is there suitable fire detectors installed?		
Does the room provide you some privacy and is their freedom from disturbances?		
Is there adequate separation from non-workers within the property?		
Is the flooring free from trip hazards?		

Display Screen Equipment		
Screen	Yes	No
Are the characters on screen clear and easy to read?		
Is the image on screen free from flicker and movement?		
Is the image on the screen clear?		
Are brightness and contrast controls adjustable?		
Can the screen be swivelled and tilted?		
Keyboard	Yes	No
Is the keyboard separate from the screen?		
Can the keyboard be tilted?		
Is the keyboard easy to reach?		
Is there adequate space in front of the keyboard to rest your hands and wrists?		
Mouse or another Pointing Device	Yes	No
Is the device comfortable to use?		
Is the device suitable for right or left-handed persons?		
Can the device settings be adjusted to your personal preferences?		
Furniture		
Desk	Yes	No
Is there adequate free space on the desk for all your work?		
Is the layout of the work surface sufficient for all necessary equipment? e.g. display screen/laptop, keyboard, telephone, printer etc.		
Is all workstation equipment easy to reach?		
Is there adequate space to adjust the position of the equipment in order to adopt a comfortable work posture?		
Are work surfaces in a good and stable condition?		
Is there adequate legroom under the desk?		
Is the space under the desk clear of obstructions?		
Are surfaces free from glare and reflections?		
Chair	Yes	No
Is your chair stable? I.e. does it have five moveable castors?		
Has your seat got suitable lumbar support?		

Can the height of the seat be adjusted?		
Can the height and tilt angle of the backrest be adjusted?		
Does the seat rotate easily?		
Are the seat arms detachable, if required?		
Ancillary Equipment	Yes	No
Can you sit comfortably without the aid of a footrest?		
Has a stable and adjustable document holder been provided (if needed)?		
If you are required to simultaneously use the telephone and computer do you use a hands-free speakerphone or a headset?		
Can your feet touch the floor or footrest?		
If a footrest is provided, can it be adjusted?		
Task Design and Software	Yes	No
Is software suitable for the tasks?		
Have you been trained to use the software?		
Are tasks organised to avoid long periods of intensive activity?		
Can you control the tasks? e.g. speed of recording data etc.		
General Safety	Yes	No
Have you been informed of your entitlement to free eyesight tests?		
Are all electrical cables etc. in good condition and properly connected?		
Is the electrical system fitted suitable and in a safe working order?		
Is there a sufficient number of plug sockets available to prevent the risk of 'daisy chaining'?		
Has the portable electrical equipment supplied by the company been portable appliance tested?		
Are cables secure and tidy?		
Is all equipment, furniture etc. safely positioned?		
Do you have adequate rest breaks?		
Are you able to take breaks at your discretion?		
Can you leave your workstation during breaks?		
Can items be safely secured and stored?		
Are you aware to report accidents or incidents that have occurred to		

your Line Manager?		
Are you happy with the measures in place to request additional resources? I.e. paper, stationary, printer ink.		

Part C

Please include any comments that you would like to make regarding your workstation or its local environment. Also note any adverse health effects experienced, e.g. aches, pains, sensory loss ('tingling' or 'pins and needles') in your neck, back, shoulders, upper limbs, restricted joint movements or grip.

Users Signature:	
Date:	

Assessor's comments, including details of any action to be taken.
Are changes required to this person's workstation, environment and/or equipment? YES/NO

Assessor's name (please print)				
Signature				
Date				
Does this person need an eyesight test?	Yes		No	
Date of re-assessment				