

# DSE Risk Assessment Form

**For managers or DSE assessors  
to evaluate DSE risks for a workstation.**

Assessor Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department/Team: \_\_\_\_\_

Work Location (on-site/home): \_\_\_\_\_

Job Role: \_\_\_\_\_

## 1. Work Environment

Question:	To Consider:	Your Answer:
Is the work area well-lit, avoiding glare and reflections?	Natural vs. artificial lighting; direct sunlight on screens; ability to control blinds or curtains; reflections from windows or light sources.	
Is there sufficient ventilation and a comfortable temperature?	Is the temperature stable and not too hot/cold? Is there access to fresh air or mechanical ventilation?	
Is the noise at a safe and reasonable level?	Presence of printers, HVAC systems, conversations, or nearby machinery. Can the user concentrate?	
Is there sufficient space to allow for movement and changes in posture?	Legroom under desk; ability to stretch/move; obstacles around workstation.	
Are cables and trip hazards managed properly?	Cables trailing across floors, desk clutter, blocked access routes.	

## 2. Display Screen and Input Devices

Question:	To Consider:	Your Answer:
Is the screen stable and easy to read?	No flicker or wobble; brightness and contrast are appropriate; the screen is clean.	
Is the screen positioned at a suitable height and distance?	Top of screen at or slightly below eye level; roughly arm's length away; directly in front of user.	
Is it free from glare or distracting reflections?	Use a mirror to check for light sources behind the user; the position of the desk relative to windows.	
Can the user adjust the screen's position?	Tilt/swivel features available; height adjustment either on the monitor or via riser.	
Is the keyboard separate from the screen and positioned correctly?	Especially relevant for laptops; keyboard flat or slightly tilted; enough room to rest wrists.	
Is the mouse or input device within easy reach and comfortable to use?	Not overstretching; smooth surface or mouse mat; hand relaxed when using the device.	
Is wrist and forearm posture neutral?	Hands not bent upward at wrist; shoulders relaxed; arm support from desk or chair.	

### 3. Desk and Chair Setup

Question:	To Consider:	Your Answer:
Is the work surface large enough for all equipment and paperwork?	Room for keyboard, monitor, documents; ability to organise workspace ergonomically.	
Are frequently used items within easy reach?	Avoiding twisting or stretching to retrieve tools, phone, or documents.	
Is the chair adjustable (height, backrest, tilt)?	Check mechanisms work; the user can adjust without help.	
Is there adequate lumbar support?	Lower back supported; user comfortable for extended periods.	
Are feet flat on the floor or supported by a foot-rest?	Seat not pressing into thighs; footrest provided if chair height causes dangling feet.	
Are forearms roughly horizontal and shoulders relaxed?	Armrests not obstructing movement; no raised or hunched shoulders.	

## 4. Work Routine and Breaks

Question:	To Consider:	Your Answer:
Does the employee take regular breaks from screen use?	Microbreaks every 30–60 minutes; changing posture or task.	
Is work varied enough to reduce repetitive strain?	Alternating between computer, phone, reading, and walking.	
Have any physical symptoms been reported (e.g. back, neck, wrist pain)?	Encourage open discussion of discomfort; consider referral to Occupational Health.	
Are there any issues with vision, dry eyes, or headaches?	Long hours at the screen; the user may need an eye test; poor screen contrast or lighting.	

## 5. Software and Input Devices

Question:	To Consider:	Your Answer:
Is the software suitable and user-friendly?	Minimises stress; provides clear feedback; not overly complex.	
Can the user adjust software settings (pointer speed, contrast, etc.)?	Training provided; user knows how to customise settings for comfort.	
Are any specialised input devices required or provided?	Ergonomic mouse, trackball, stylus, etc., for those with pre-existing conditions.	

## 6. Home Working (If Applicable)

Question:	To Consider:	Your Answer:
Has the home workstation been assessed?	Self-assessment completed and reviewed; equipment adequate for remote work.	
Does the home environment support DSE use (lighting, distractions, furniture)?	Non-dedicated spaces (e.g. kitchen tables); interruptions; noise.	
Is suitable equipment provided or reimbursed?	Ergonomic chair, separate keyboard/mouse, laptop riser or monitor.	
Does the user know how to report issues from home?	Clear remote support or escalation procedures.	

## 7. Training and Information

Question:	To Consider:	Your Answer:
Has the employee received DSE training and workstation setup guidance?	Online modules, guidance documents, supervisor support.	
Do they know how to adjust their workstation?	Can demonstrate understanding of posture, screen height, breaks, etc.	
Are reporting routes for discomfort or concerns communicated clearly?	HR, manager, or health and safety contact available and accessible.	

## 8. Additional Needs or Equipment

Question:	To Consider:	Your Answer:
Are additional items needed for comfort or safety?	Document holders, screen risers, wrist supports, and anti-glare screens.	
Are reasonable adjustments in place for medical conditions or neurodivergence?	Quiet spaces, alternative input devices, flexible schedules.	
Has specialist advice been sought if needed?	Occupational Health input, external ergonomic consultants, and Access to Work support.	



# Summary of Issues and Action Plan

Issue	Action	Responsible Person	Target Date
Example: Chair not adjustable	Replace with an ergonomic chair	Line Manager	12/09/2025

Follow-Up Date:

Assessor Signature:

Employee Signature:  
(optional)