DSE Workstation Checklist

Employee Self-Assessment

For completion by the employee. **Answer each question** and **note any issues** at the end of the form.

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Employee Details

Name: _____

Department: _____

Job Role: _____

Location: _____
(Home / Office / Hybrid)

1. Work Environment

Question:	Answer:	
Is there enough space to work comfortably?	Yes	No
Is lighting suitable for the tasks you're performing?	Yes	No
Can you control glare or reflections on your screen (e.g., by adjusting blinds or monitor position)?	Yes	No
Is the area free from excessive noise or distractions?	Yes	No
Is the temperature and airflow comfortable?	Yes	No

2. Display Screen

Question:	Answer:	
Is the screen free from flicker and in good working condition?	Yes	No
Is the display image stable, without distortion?	Yes	No
Is brightness and contrast adjustable and set to comfortable levels?	Yes	No
Is the screen positioned at or just below eye level?	Yes	No
Can the screen be tilted and swivelled easily?	Yes	No

3. Keyboard and Mouse

Question:	Answer:	
Is the keyboard separate from the screen?	Yes	No
Is the keyboard at a comfortable height and angle?	Yes	No
Are your wrists kept straight while typing?	Yes	No
Is the mouse (or trackpad) positioned close to the keyboard?	Yes	No
Can you use the mouse without excessive wrist or arm movement?	Yes	No

4. Posture and Seating

Question:	Answer:	
Can the chair height be adjusted?	Yes	No
Is the chair supportive, especially in the lower back?	Yes	No
Do your feet rest flat on the floor or on a footrest?	Yes	No
Are your thighs roughly horizontal with the floor?	Yes	No
Is there space to move and change position frequently?	Yes	No

5. Desk and Layout

Question:	Answer:	
Is the desk large enough for your equipment and papers?	Yes	No
Are frequently used items within easy reach?	Yes	No
Is there enough room under the desk for leg movement?	Yes	No
Are cables and other trip hazards properly managed?	Yes	No

6. Work Routine

Question:	Answer:	
Do you take regular breaks from screen work (at least 5 mins every hour)?	Yes	No
Do you change position or tasks throughout the day?	Yes	No
Are you able to adjust your work schedule to avoid fatigue?	Yes	No
Have you experienced any discomfort, aches or pains during or after work?	Yes	No

7. Additional Equipment

Question:	Answer:	
Are you using any additional items (e.g. document holders, headset)?	Yes	No
Are these items positioned and used comfortably?	Yes	No
Is assistive technology (if applicable) functioning as needed?	Yes	No

8. Training and Support

Question:	Answer:	
Have you received guidance or training on DSE best practices?	Yes	No
Do you know how to adjust your workstation setup?	Yes	No
Do you know who to contact if problems arise?	Yes	No
Have you reported any discomfort or concerns?	Yes	No

Optional: Additional Comments

(If you answered 'No' to any of the above questions, use this section to note any specific issues, suggestions, or concerns you may have.)

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