

Display Screen Equipment (DSE): Remote Work Questionnaire (SF037.1)

Please Complete and Return to your Line Manager

Name of Employee:	
Date:	
Job Title:	
Employee Job Description /key tasks to be completed:	

Question	YES/NO	Comments
I have a keyboard, mouse and separate monitor connected to my laptop.		
My workspace is set up to allow me to view the monitor at a height, which avoids bending of the neck for sustained periods?		
I have access to other suitable accessories such as a laptop stand, which allows the laptop to be connected to the keyboard and positioned at a suitable height?		
I take regular short breaks from sitting by standing up and moving about for 1-2 minutes every thirty minutes.		
My workspace is set up to allow space in front of the keyboard to provide support for the hands and the arms.		

My chair is adjustable in height.		
My chair has a backrest that is adjustable in height and tilt.		
My chair has back support (for example a backrest or cushion).		
There is adequate lighting to allow comfortable working.		
Am I experiencing any musculoskeletal discomfort?		

To Be Completed by Employee:

Summary of Findings:

To Be Completed by Line Manager:

Corrective Actions Required:

Line Manager Responsibilities:

The Line Manager must ensure the employee's workstation is adequately equipped. Staff may request a loan of office equipment from UL to support their home working arrangement, where such equipment is identified as necessary following completion of this questionnaire. The available equipment will in the norm be limited to a keyboard, mouse, monitor, laptop stand and office chair. Staff will be required to sign for receipt of the equipment and where equipment is not returned in an appropriate condition to UL the staff member will be liable for the replacement costs. Staff will be required to return the equipment to UL as soon as they return to the work environment even if this is on a phased return basis.

The Line Manager must inform the Health & Safety Department at UL if the employee is experiencing any musculoskeletal discomfort.

Employee Signature:

Date:

Line Manager Signature:

Date: