



Barrowby Parish Council

Email: clerk@barrowbyparishcouncil.gov.uk

Address: Reading Room, Church Street, Barrowby, NG32 1BX

Website: <https://barrowby.parish.lincolnshire.gov.uk>

Homeworking / Display Screen Equipment Checklist

This checklist is for employees who work regularly from home or who use display screen equipment (DSE) for a significant part of their work. HSE says the DSE rules generally apply where a worker uses DSE daily for continuous periods of an hour or more, and employers must plan work so there are breaks or changes of activity.

Name: _____

Role: _____

Work location: _____

Date completed: _____

1. Work pattern

I use DSE for a significant part of my work:

Yes

No

I usually work at home:

Regularly

Occasionally

Rarely

I am able to take breaks or changes of activity during prolonged screen work:

Yes

No

2. Workstation set-up

Tick as applicable:

Chair

- Chair is stable and suitable for the task
- I can sit comfortably with adequate back support

Desk / work surface

- There is enough space for screen, keyboard, mouse and documents
- Work surface is suitable for the task

Screen

- Screen is clear and easy to read
- Screen is positioned to avoid excessive glare where possible
- Screen height is broadly comfortable for me

Keyboard / mouse

- Keyboard and mouse / trackpad are comfortable to use
- I can keep wrists, hands and arms in a comfortable position

Environment

- Lighting is adequate
- Heating / ventilation is adequate
- There are no obvious trailing cable or trip hazards
- Electrical equipment appears in safe condition

HSE's DSE checklist covers the workstation, screen, keyboard / input devices, furniture and environment, and says employers should use an assessment method appropriate to the task and complexity.

3. Health and comfort

Over the last few weeks have you had any problems that may be linked to your workstation or screen work?

- Back, neck or shoulder discomfort
- Arm, wrist or hand discomfort
- Headaches
- Eye strain / visual discomfort
- Fatigue or stress linked to workstation setup
- None of the above

If any apply, give brief details:

4. Homeworking safety

Tick as applicable:

- My work area is reasonably free from slips, trips and clutter
 - I know how to report an accident, incident or concern
 - I know who to contact if I have a health and safety concern
 - I feel my homeworking arrangements are currently suitable
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5. Further action needed

- No further action required
 - Please review the following issue(s):
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-
-

Employee signature: _____

Date: _____

Clerk / reviewer signature: _____

Date: _____

Document control

- **Owner:** Staffing Committee
- **Responsible officer:** Clerk / Proper Officer
- **Adopted:** 11.05.2026 (Minute ref: 8e [26/008])
- **Version:** 2026.1
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- **Next review due:** January-March 2027 at Staffing Committee for formal adoption at Parish Council May 2027