

Part 2 Display Screen Equipment (DSE) Assessment: Action Sheet

Date		Department	
User Name		Desk location/PC no	
Job Title		Telephone number	
Organisation		Manager's name	
Office Address		Assessor Name:	

Action Priorities

Low – Action required when possible, not urgent.

Medium – Action required soon, quite urgent

High – Action required immediately, very urgent

Item no	Problem Description	Action required (Control measures)	Action Priority	Person responsible/ Reviewer	Date Completed

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Signatures

	Statement	Signature	Date
Assessor	A suitable DSE assessment has been carried out to identify potential hazards and appropriate actions to reduce the risk.		
User	<p>My workstation has been assessed and I have been provided with workstation set up and posture training. I have understood the training. I understand the risks that have been identified and will play an active role in reducing the risks as far as is reasonably practicable. I will implement the recommendations that I am responsible for. I will report any changes in the following to my line manager as soon as possible/practical:</p> <ul style="list-style-type: none"> • Any work related discomfort (aches/pains) • Any new injuries or medical conditions that could affect comfort at work • Any significant changes in job role or workload that could affect comfort at work • Any significant changes in the equipment I use (desk, chair etc.) • Any significant changes in the software that I use • Any other reasons that I feel require my workstation to be re-assessed <p>I am happy for the assessment information to be shared with the relevant departments required. I have been issued with DSE information sheet which I will read and keep for future reference.</p>		