**Department:**

**Job Type:**

**Name of Employee(s):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CRITERIA** | **Yes** | **No** |
| 1 | Does the employee depend on the use of DSE to do their job? | **□\*** | **□** |
| 2a  | Does the employee normally use DSE for continuous or near continuous spells of an hour or more at a time?  | **□\*** | **□** |
| 2b | Does the employee use DSE in this way more or less daily? | **□\*** | **□** |
| 4 | Does the employee have to transfer information quickly to or from the DSE? | **□\*** | **□** |
| 6 | Does the employee have to apply high levels of attention and concentration?  | **□\*** | **□** |
| 5 | Does the employee need significant training and or particular skills in the use of DSE to do the job? | **□\*** | **□** |

**Classification:** If four or more boxes with this symbol (\*) have been ticked, then the occupant of this workstation must be considered to be a user of DSE. A workstation assessment must now be completed.

|  |  |
| --- | --- |
| **Name of Assessor:**  | **Job Title:** |
| **Date of Assessment:** | **Result:** |
| **Date of Re-assessment:** | **Result:** |