## **DSE GUIDANCE 2**

## **USER ASSESSMENT FOR DSE WORK**

Name	of Site:		
Perso	n/Post Assessed:		
Location:			
			Please delete as appropriate
1	Is the person highly dependent on DSE to do their job?		YES/NO
2	Is there little choice about using DSE?		YES/NO
3	Are special training or skills required to use the DSE?		YES/NO
4	Is the DSE normally used for continuous or near continuous spells of one hour or more at a time and used more or less daily?		YES/NO
5	Is the fast transfer of information to and from the DSE an important requirement of the job?		YES/NO
6	Are high levels of concentration required by the user?		YES/NO
	of the answers are <b>YES</b> , then the p		ed as a <b>User</b> , and a
If most	of the answers are <b>NO</b> , then the pe	rson would <b>NOT</b> be cla	assified as a <b>User</b> .
	ude that the person who is the subject delete) classified as a 'User' of Dis		
Name of Assessor: Date:			