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| --- | --- |
| **ES04b** | **DSE User Assessment** |
| **Name** |  |
| **Unit** |  |
| **Assessment Completed** | Date | Signed |
| **1st review** | Date | Signed |
| **2nd review** | Date | Signed |
| **3rd review** | Date | Signed |

**Note** - Assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

**Part A**

Please answer the questions below by entering your score for each question and then please enter your total score.

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Answer | Answer Score | Your Score |
| 1. If necessary, could you adequately complete your daily tasks, without using DSE?
 | Yes | 0 |  |
| No | 3 |  |
| 1. On an average day, what is the maximum length of time you would CONTINUOUSLY use DSE, without having a break or doing something else?
 | 0 - 1 hour | 0 |  |
| 1 – 2 hours | 3 |  |
| 2 – 3 hours | 4 |  |
| 3 + hours | 5 |  |
| 1. On average, how many days a week would you use DSE continually for a period of one hour or more?
 | 1 day | 1 |  |
| 2 days | 2 |  |
| 3 days | 3 |  |
| 4 days | 4 |  |
| 5 + days | 5 |  |
| Your Total Score |  |

If your total score is less than 7 **you are** **not a defined DSE User**. Please return this assessment to your line manager.

If your total score is 7 or higher **you are a defined DSE User**. Please complete the Part B and return this assessment to your line manager for review and action where appropriate.

**Part B**

Please complete the section below adding any specific workstation problems you may have.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Factors** | **Y/N****or N/A** | **Possible Management Action if ‘No’** | **Actions/****Comments** |
| Does the user take regular breaks working away from DSE?Has the user been advised of their entitlement to eye and eyesight tests?Does the DSE assessment for workstation that the you use cover any problems that you may have with the equipment, including any symptoms of discomfort? |  | Ensure users take frequent short breaks from the screen and keyboard by carrying out other work tasks. This is more beneficial than taking longer less frequent breaks.Advise the user of current arrangements for eye and eyesight tests. Human Resources can advise you.List below any other problems raised by the user and agree on suitable actions to resolve the problems: |  |

|  |  |
| --- | --- |
| DSE User: | Line Manager: |
| Signature: | Signature: |
| Date: | Date: |