



'USER' IDENTIFICATION FORM

A

Name: _____ Workstation No: _____

Department: _____ Location: _____

Job Title: _____ Assessment Date: _____

B

CRITERIA

A person should be classified as a 'user' if most or all of the following criteria apply:

- | | YES | NO |
|---|--------------------------|--------------------------|
| i) The job cannot be done effectively or at all without DSE | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) The worker has no discretion over whether to use DSE | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) The job requires significant training or particular skills in the use of DSE. | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) The person uses DSE for periods of an hour or more at a time, more or less on a daily basis. | <input type="checkbox"/> | <input type="checkbox"/> |
| v) The task depends upon the fast transfer of information between the worker and screen. | <input type="checkbox"/> | <input type="checkbox"/> |
| vi) Attention and concentration demands are high, such as where there may be critical consequences of an error. | <input type="checkbox"/> | <input type="checkbox"/> |

C

TASK

What is the employees Primary Task? _____

What tasks require the use of DSE? _____

How much time during the day is spent working with DSE? _____ Hrs.

D

Name of Assessor _____

Signature: _____

Would you consider the person to be a 'USER' YES NO