

REPLY FORM

Update on “Users” under Occupational Safety & Health (DSE) Regulation

(Please complete this form and return by fax to EHSU)

To : Environmental Health & Safety Unit (EHSU), EO (Fax no.: 3411 2400)

From : Name of Departmental Safety Representative (DSR) _____

Department / Office / Unit _____

Q1. Is there any colleague in your Dept. / Office / Unit, by reason of the nature of his / her work, using display screen equipment

(a) **continuously for at least 4 hours during a day almost every day,**

OR

(b) **cumulatively for at least 6 hours during a day almost every day?**

Yes, please go to Q2 **No,** please sign to complete

Q2. Please fill in the details of the “users” as defined in Q1 and the prolonged nature of his / her work period either (a) or (b) as described above.

| | Name | Extension | Office Location | Type of DSE | (a) Continuously Work ≥ 4 hrs almost every day | (b) Cumulatively Work ≥ 6 hrs almost every day |
|----------|------------|-----------|-----------------|-------------------|---|---|
| EXAMPLE: | Mandy Wong | 2334 | FSC 503 | Personal Computer | | √ |
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For any enquiry, please contact Ms. Mandy Wong of EHSU at ext. 2334.

DSR Signature : _____ **Date :** _____

Endorsed By : _____ **Date :** _____

Head of Dept. / Office / Unit