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**HSF-017 Home Working Checklist**

The following checklist provides a template for risk assessment when planning to work from home.

Most work undertaken at home will be administrative/computer based.

Before permission is given for any employee to work at home, the following checklist must be completed.

We rely on your honesty in completing this checklist and retain the right to revoke any homeworking arrangements approved, should any information submitted prove to be inaccurate or misleading.

It is the employee’s responsibility to confirm/check that you have suitable home insurance and are adequately covered for home working.

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| **Employee name** |  | | |
| **Position** |  | | |
| **Type of work activity** |  | | |
| **Date of assessment** |  | | |
| **Duration of home working:** | **Regular**  *(e.g. 1 day per week)* | **Occasional**  *(e.g. 1 day per fortnight)* | **Full-time** |
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| **General** | **Yes** | **No** | **N/A** | **Comments** |
| Is there sufficient ventilation in the room, can windows be opened without risk to employee or others? |  |  |  |  |
| Is there sufficient lighting for the task? |  |  |  |  |
| Is there sufficient heating? Are heating systems/portable heaters maintained in good working order?  (Gas appliances must be maintained by a Gas Safe qualified engineer). |  |  |  |  |
| If portable heaters are used, are these positioned to prevent toppling and away from combustible materials? |  |  |  |  |
| Is there sufficient space for all the furniture & equipment used? (There should be at least 3.7 sq. metres). |  |  |  |  |
| Is flooring in good condition and free from trip hazards? |  |  |  |  |
| Is there sufficient safe & secure storage space for equipment and documents used? |  |  |  |  |
| Is the work area subject to noise at a level which is likely to affect your concentration? |  |  |  |  |
| **Electrical safety** | **Yes** | **No** | **N/A** | **Comments** |
| Is the fixed electrical system in good condition e.g. no signs of scorching or arcing on sockets? |  |  |  |  |
| Are there sufficient numbers of sockets to prevent overloading? |  |  |  |  |
| If extension leads are used, are they the fused and switched type? (Cables and extension leads should be positioned so that they are not subject to excessive wear or damage and do not present a trip hazard). |  |  |  |  |
| Is electrical equipment used for home working in good condition and free from any visual faults? |  |  |  |  |
| Do you undertake visual checks of electrical equipment to identify any obvious faults, such as worn or damaged leads or plugs? |  |  |  |  |
| If any equipment has been provided by the business, are there arrangements in place for it to be PAT tested? | **Yes** | **No** | **N/A** | **Comments** |
| **Safe posture** | **Yes** | **No** | **N/A** | **Comments** |
| Have you received training and information on how to set up your workstation to avoid poor posture? |  |  |  |  |
| Does the chair used provide sufficient lumbar support? |  |  |  |  |
| Can the chair be adjusted so that you can sit with your shoulders in a relaxed position and your elbows at a 90-degree angle, with the upper arms vertical and forearms horizontal whilst keying and using the mouse? |  |  |  |  |
| Is the work surface of a sufficient size to accommodate all the equipment to be used? |  |  |  |  |
| Is there sufficient space in front of the keyboard for you to rest your hands in between keying? |  |  |  |  |
| Do you have to read/refer to/copy from documents placed flat on the desk?  (This is likely to lead to awkward neck movements and should be avoided by using a document holder). | **Yes** | **No** | **N/A** | **Comments** |
| Is there sufficient space below the work surface for you to stretch your legs and change position? |  |  |  |  |
| Can you rest your feet flat on the floor or do you need a footrest? |  |  |  |  |
| If you have to use a laptop, is a docking station and separate screen/keyboard available? |  |  |  |  |
| Are you likely to regularly use the telephone whilst using the keyboard or mouse? (If yes, a headset should be provided). |  |  |  |  |
| Are you aware of the importance of taking regular breaks from computer-based work before fatigue sets in? |  |  |  |  |
| Have you ever experienced pain or discomfort when using the computer at home? |  |  |  |  |
| **Visual fatigue** | **Yes** | **No** | **N/A** | **Comments** |
| Is the screen positioned at the correct height and viewing distance? (Your eye-line should be just below the top of the screen and the screen should be positioned directly in front of you at approximately an arm’s length away). |  |  |  |  |
| Is the screen free from glare or reflections? (Ideally, the screen should be at right angle to windows, windows should be covered by blinds or curtains to prevent glare from falling onto the screen). |  |  |  |  |
| Is the screen free from flicker and are the images clear & stable? |  |  |  |  |
| Have you had a recent eye-sight test? |  |  |  |  |
| Have you ever suffered from headaches or visual discomfort when working at the computer at home? |  |  |  |  |
| **Stress** | **Yes** | **No** | **N/A** | **Comments** |
| Is there sufficient segregation from disruptions e.g. children, pets, other family members? |  |  |  |  |
| Are there arrangements in place for you to keep in regular contact with your line manager? |  |  |  |  |
| Are there arrangements in place for your manager to conduct regular personal development reviews with you? |  |  |  |  |
| Is support/advice readily available to you to deal with either IT problems or other specific work queries? |  |  |  |  |
| Do you have access to sufficient training, information and instruction to be able to undertake your work safely? |  |  |  |  |
| **Emergency arrangements** | **Yes** | **No** | **N/A** | **Comments** |
| Does the accommodation used for home working have a smoke alarm? |  |  |  |  |
| Have you identified what the course of action is in the event of a fire?  (You should plan the escape route and what you would do if the route was unavailable due to fire/smoke, e.g. having tools to break double-glazed windows etc). |  |  |  |  |
| Have you got access to a first-aid kit? |  |  |  |  |
| **Comments** | | | | |
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| **Action taken by employee to address any issues** | |
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| **Action taken by manager to address any issues** | |
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| **Name of manager** |  |
| **Date for review of assessment** |  |

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| **This checklist was completed by:** | | | |
| **Full name:** |  | | |
| **Position:** |  | | |
| **Sign:** |  | **Date:** |  |