

Health and Safety Policy Annex I: Working from home risk assessment

(Includes display screen equipment (DSE) assessment)

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Employee	
Post title	
Manager	
Service area	
Address of home under assessment	

Instructions

This form should be started by the employee at their home address and brought into work to be completed with their manager.

Risk assessment

Number	Action	Yes (tick)	No (tick)
	Workstation risk assessment		
1.	Have you completed in the past 12 months the Display Screen Equipment (DSE) awareness module held on the intranet?		
2.	Have you completed at home in the past 12 months the DSE Risk Assessment held on the intranet? (If yes, please print and attach a copy.) or Have you completed at home the DSE Risk Assessment hard copy on pages 3 and 4 of this document? (If yes,		

	please attach completed copy.)		
3.	Have the user's or manager's comments been discussed and agreed actions carried out?		
4.	Have all concerns been resolved and certificate signed off by both user and manager?		
Electrical and fire and safety			
5.	Has council-supplied electrical equipment been tested and is it in date? Note: All equipment is to be tested annually; retests must be arranged prior to expiry date.		
6.	Are all plugs, leads, wires and cables in the home work area in a safe condition?		
7.	Do you turn off appliances when not in use?		
8.	Have you completed within the past 12 months the Fire Safety training module held on the intranet, under mandatory health and safety training?		
General health and safety			
9.	Have you completed within the past 12 months the Stress Awareness module held on the intranet, under mandatory health and safety training?		
10.	Have adequate communication processes been agreed to prevent isolation and stress?		
11.	Have you completed within the past 12 months the Manual Handling training module held on the intranet, under mandatory health and safety training?		
12.	Do you have any existing health problems which may affect your ability to work from home?		
13.	Is your work area free from slip, trip and fall hazards?		
14.	Do you have access to a phone to report emergencies?		

Assessment of hazards identified

Hazard	Action agreed to eliminate or reduce the risk	Date complete

If you have any concerns, questions or health and safety related issues regarding working from home, please speak to one of the following:

- Service manager or supervisor
- Service Manager (Health and Safety)
- Human Resources
- Occupational Health Adviser (via either of the above)
- your health and safety representative.

Declaration

I confirm I have read and understood the following:

- Agile working full guidance
- Instruction 25 of the health and safety policy

and that this is an accurate record of the conversation regarding the risks associated with working from home.

I am satisfied that my arrangements to work from home do not in any way affect my ability to do the job and also do not adversely affect my health, safety and wellbeing.

Employee's signature	
Date	
Manager's signature	
Date	

Certificate: Health and safety risk assessment for DSE users

Please present all pages of this certificate to your manager as soon as possible.

User's name	
Completion date	
Manager's name	

Number	Question	Answer
	Maximum total time spent on computer	
1.	Maximum continuous time spent on computer	

At least five minutes in every hour should be spent on non-computer-based activities.

The table below contains Yes and No tick boxes. If you tick a box which is coloured grey (also containing an asterisk), this means that action is required.

Number	Action	Yes (tick)	No (tick)
2.	Does your seat height adjust?		*
3.	Does your seat backrest adjust?		*
4.	Do the arms of your chair interfere with comfort?	*	
5.	Is your chair stable?		*
6.	Is there adequate desk surface space?		*
7.	Is the height of your desk correct?		*
8.	Do you have enough leg room under your desk?		*
9.	Do you need a footrest?	*	
10.	Do you need a document holder?	*	
11.	Can you tilt and swivel your screen?		*
12.	Can you adjust your screen height?		*
13.	Is there glare and reflection on your screen?	*	
14.	Is the screen image stable?		*
15.	Can you adjust the screen brightness?		*
16.	Can you adjust the screen contrast?		*
17.	Is there clarity of characters on screen?		*
18.	Is the keyboard separate from the screen and easy to move?		*
19.	Is there enough space in front of the keyboard to rest your hands?		*

20.	Are you able to find a comfortable keying position?		*
21.	Are the symbols on keys clear and easy to read?		*
22.	Is the keyboard free from glare?		*
23.	Is the environment noisy?	*	
24.	Is there sufficient lighting?		*
25.	Is the temperature comfortable?		*
26.	Is the air quality satisfactory?		*
27.	Do you have enough room to change position or vary movement?		*
28.	Do you have suitable software to complete tasks?		*
29.	Have you received adequate training to use the software?		*
30.	Do you understand visual display unit (VDU) work practices?		*
31.	Do you understand the arrangements for eye tests?		*
32.	Do you know who to speak to if there's a safety concern?		*
33.	Have you recorded individual comments (see next page)?	*	
34.	Is your pointing device separate and easy to use?		*
35.	Is your pointing device comfortably close?		*
36.	Does your pointing device move smoothly and at a suitable speed?		*
37.	Do you require additional laptop accessories?	*	

The support services available to help resolve concerns are as follows:

Code	Support service	Areas of concern covered
A	Line manager	Desk furniture, lighting and environment
B	ICT helpdesk	ICT and computer equipment
C	Line manager	Small sundry workstation items, such as footrests and document holders
D	Health and Safety Team, Occupational Health, VDU training course	All health and medical related issues, including eye health

User’s comments

This assessment was completed at my workstation at home.
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Manager’s comments

Please attach a continuation sheet if needed.

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User’s sign off

I confirm that I have no health and safety concerns relating to my DSE work (if any risk assessment concerns were recorded, these have now been resolved).

Employee’s signature	
Date	

Manager’s sign off

Manager’s signature	
Date	

The manager should send the signed certificate to the Health and Safety Team (to be placed in the user’s records). A copy should also be retained by the manager.