

Home-working Risk Assessment

To be completed annually by any Finance Division home worker or staff members wishing to work from home.

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| Name of Home Worker: |  | | |
| Dept & Contact number: |  | | |
| Type of work activity: |  | | |
| Date of assessment: |  | | |
| Duration of home working: | Regular *(e.g. 1 day per week)* | Occasional | Full-time |

**Hazard Checklist**

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| **Working environment of area where home-working takes place** | |
| Is there sufficient ventilation, 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 (previously CORGI) 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 the employee’s concentration? |  |
| **Electrical safety** | |
| 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 these 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? |  |
| Does the employee undertake visual checks of electrical equipment to identify any obvious faults such as worn or damaged leads or plugs? |  |
| If any equipment is to be provided by the School are there arrangements in place for it to be PAT tested? |  |
| **Safe Posture** | |
| Has the employee received training/information on how to set up their workstation to avoid poor posture? |  |
| Does the chair used provide sufficient lumbar support? |  |
| Can the chair be adjusted so that the employee can sit with their shoulders in a relaxed position and their 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 the sufficient space in front of the keyboard for the employee to rest their hands in between keying? |  |
| Does the employee 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.)* |  |
| Is there sufficient space below the work surface for the employee’s legs to enable them to stretch and change position? |  |
| Can the employee’s feet rest on the floor or do they need a footrest? |  |
| If the employee has to use a laptop do they use a docking station? |  |
| Is the employee likely to regularly use the telephone whilst using the keyboard or mouse? *(If yes, a headset should be provided).* |  |
| Is the employee aware of the importance of taking regular breaks from computer based work before fatigue sets in? |  |
| Has the employee experienced pain or discomfort when using the computer at home? |  |
| **Visual fatigue** | |
| Is the screen positioned at the correct height and viewing distance? *(The employee’s line eye-line should be just below the top of the screen and the screen should be positioned directly in front of the user 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 provided by blinds or curtains to prevent glare from falling onto the screen.)* |  |
| Is the screen free from flicker & are images clear & stable?  *(ITS can advise how to adjust the settings to suit the needs of the user)* |  |
| Has the employee had a recent eye-sight test? |  |
| Has the employee suffered from headaches or visual discomfort when working at the computer at home? |  |
| **Stress** | |
| Is there sufficient segregation from disruptions e.g. children, pets, other family members? |  |
| Are there arrangements for keeping in contact with the home worker? |  |
| Are there arrangements in place to conduct regular supervision/ personal development reviews with the home worker |  |
| Is support / advice readily available to the home worker to deal with either IT problems or other specific work queries? |  |
| Does the home worker have access to sufficient training, information & instruction to enable them to undertake their work safely? |  |
| **Emergency arrangements** | |
| Does the accommodation used for home working have a smoke alarm? |  |
| Has the home worker identified what they will do in the event of a fire?  *(They should plan their escape route and what they would do if the route was unavailable do to fire/smoke, e.g. having to tools to break double-glazed windows etc.)* |  |
| Has the home worker got access to a first-aid kit? |  |

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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:** |

**Review schedule**

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| **Review interval** | **Next review due by** | **Next review start** |
| Annually | May 2020 | April 2020 |

**Version history**

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| **Version** | **Date** | **Approved by** | **Notes** |
| 1 | May 2019 | SW |  |
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