


<h2 style="color: blue;">Home Working Assessment of Risks</h2>	<div style="text-align: right;"> <p>working together } for a safer workplace</p>  </div>
<p>Employee Name</p>	
<p>Position</p>	
<p>Date of Assessment</p>	
<p>Address that assessment relates to</p>	

When completing the Detailed Assessment below, every section must be considered. If a question is not applicable it should be marked as N/A. Where a negative response is given then the Action Required should be stated in the table provided. After an Action is completed, it should be signed off.

A copy of the assessment along with a signed and dated photograph of the work area to be used must be sent to the Health & Safety Advisor. Please note that a separate assessment must be completed for each workstation you use.

	Yes	No
1. Fire		
Is your means of leaving the home free from obstructions?		
Do you have a smoke alarm or fire extinguisher?		
2. Accidents / First Aid		
Do you have first aid equipment available? (e.g. plasters)		
Who will any accidents or sickness be reported to:		
3. Electricity		
Are all electrical outlets (sockets) in a sound condition?		
Has any equipment you have been supplied with been PAT tested		
Who can you contact for repairs and maintenance for work equipment?		
4. Manual handling		
Will the task include lifting or carrying, especially up the stairs?		
If yes have you received training or guidance for lifting safely?		
5. The Display Screen		
Are screen characters well-defined and of adequate size and spacing?		
Are screen images flicker-free / stable?		
Can screen brightness and contrast be adjusted?		
Is the screen free from glare and reflection?		
Is the screen positioned correctly to enable comfortable use?		
Is a screen cleaning kit provided?		
If your role requires it do you have access to two screens		
and if so is your workstation desk of a suitable size?		
6. The Keyboard		
Can the keyboard be tilted?		
Is the keyboard separate from the terminal?		
Does the keyboard have a non-reflective surface?		
Are the keyboard characters clearly defined?		
7. The Work Desk		
Is the work desk large enough for all the equipment?		
Are the surfaces non-reflective?		
Is there a document holder available, if required by the user?		
Is there sufficient space in front of the keyboard to allow users to rest hands/wrists?		

	Yes	No
8. The Pointing Device		
Has a separate pointing device (mouse) been provided which is the most suitable type for the user and the work involved?		
Is the device suitably positioned so that the user can adopt a safe, comfortable working posture?		
Are regular breaks taken from using the device?		
Is there a suitable surface on which to use the device?		
Are arrangements in place for cleaning and maintenance of the device?		
9. The Work Chair		
Is the work chair stable?		
Can the chair height be adjusted?		
Can the backrest be adjusted for height and tilt, independently of the seat height?		
Can both feet be placed on the floor when in comfortable working position?		
Is a footrest available if required by the user? (n/a if not necessary)		
10. The Environment		
Is the room of a size that is comfortable to work in		
Is there a sufficient source of light in the room? (Preferably natural)		
Is the room temperature sufficient? (e.g. min of 16 degrees Celsius)		
Is there sufficient space for comfortable handling of documents and telephone etc.?		
Is the lighting adequate at the workstation?		
Is the general lighting adequate to prevent excess lighting contrast when the user looks away from the screen?		
Is the temperature at the workstation comfortable?		
Are heat levels emitted by the equipment under control?		
Are noise levels comfortable?		
Is ventilation of the area adequate and comfortable?		
Is the relative humidity comfortable?		
11. Health		
Are you free of eyesight problems?		
Have you had an eyesight test or know how to get one?		
Do you wear eye correction as a result of an official eyesight test?		
Are you free from any aches, pains, or sensory loss (tingling or pins and needles) in the neck, shoulder or upper limbs?		

Section 2 Health & Safety Arrangements
DSE 1A – Homeworking Assessment

Are you free from restricted joint movement, impaired finger movements or grip or other disability?		
Is your current level of stress or fatigue at an acceptable level		
	Yes	No
12. Training, Information and Work Planning		
Have you received training in the use of DSE and software system(s)?		
Have you received training or information in identifying and correcting workstation hazards, including equipment adjustments?		
Are you able to plan your day to include breaks and changes in activity to avoid excessive exposure to DSE work?		
Can you take regular breaks from DSE work?		
13. Additional points		
You must provide a photo of your whole workstation set up with all equipment in the photo. Please tick Yes to confirm you have attached a photo		
If you have any aches, pains or concerns about your workstation please discuss immediately with your line manager, HR or the health and safety advisor. Please tick yes to confirm that you understand that you must report concerns without delay		
14. Contact and Support		
Please name whom you can contact for safety advice? <u>Manager Name:</u> <u>Health & Safety Advisor:</u> Steve Langston / Jason Hodges Office: 01543 308107 / 308784 Mobile: 07980 919083 / 07903 428428 <u>In order for you to remain in contact with the office is it a requirement that you provide a contact phone number that can be used by management during normal at work hours. Please list the contact phone number here:</u>		

Actions Required	
	Completed by & date
Fire	
Accidents /First Aid	
Electricity	
Manual Handling	
The Display Screen	
The Keyboard	
The Work Desk	
The Pointing Device	
The Work Chair	
The Environment	
Health	
Training, Information & Work Planning	
Review by DSE Assessor / Manager / Health and Safety Advisor	
Name	
Signature	
Date of Review	