

WORKING FROM HOME RISK ASSESSMENT

(Includes DSE assessment)
Policy

Annex K to
Health & Safety

EMPLOYEE:

POST TITLE:

MANAGER:

SERVICE AREA:

ADDRESS OF HOME UNDER ASSESSMENT:

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.....
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.....

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

Workstation Risk Assessment

	Y	N
1. Have you completed in the last 12 months the "Display Screen Equipment (DSE)" awareness training via the following link? https://stedmundsbury.britsafelearning.com	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you completed at home, in the last 12 months the "DSE Risk Assessment" via the following link? https://stedmundsbury.britsafelearning.com	<input type="checkbox"/>	<input type="checkbox"/>
Or		
3. Have you completed at home the "DSE Risk Assessment" hard copy on pages 3 & 4 (if yes please attach completed copy)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the users/managers comments been discussed and agreed actions carried out?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have all concerns been resolved and certificate signed off by both the user and manager?	<input type="checkbox"/>	<input type="checkbox"/>

Electrical & Fire Safety

6. Has the Partnership-supplied electrical equipment been tested and in date? (All equipment is to be tested annually; retests must be arranged prior to expiry date)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all plugs, leads, wires and cables in the home work area in a safe condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you turn off appliances when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you completed within the last 12 months the "Fire Safety Training" via the following link https://stedmundsbury.britsafelearning.com , or with your employing Authority?	<input type="checkbox"/>	<input type="checkbox"/>

General Health and Safety**Y N**

10. Have you completed within the last 12 months the "Stress Awareness" via the following link <https://stedmundsbury.britsafelearning.com> , or with your employing Authority? ☐ ☐
11. Have adequate communication processes been agreed to prevent isolation and stress? ☐ ☐
12. Have you completed within the last 12 months "Manual Handling Training" via the following link <https://stedmundsbury.britsafelearning.com> or with your employing Authority? ☐ ☐
13. Do you have any existing health problems, which may affect your ability to work from home? ☐ ☐
14. Is your work area free from slips trips and falls? ☐ ☐
15. Do you have access to a phone to report emergencies? ☐ ☐

Assessment hazards identified

Hazards	Action agreed to eliminate/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: -

- Line Manager/Supervisor
- Health & Safety Consultant
- Local Human Resources
- The Occupational Health Adviser (via either of the above)
- Your Health and Safety Representative

DECLARATION

I confirm I have read and understood the following;

- Home working policy;
- ICT security policy;
- Instruction 20 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 well-being;

Employee's signature **Date:**

Manager's signature **Date:**

Do not complete pages 3 & 4 if you have answered yes to question 2

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:


Partnership employer:

Manager's name:

Maximum total time spent on computer	
01 Maximum continuous time spent on computer	

Note: At least 5 minutes in every hour should be spent on non-computer based activities.

YES	NO		YES	NO	
		02 Does your seat height adjust			20 Are you able to find comfortable keying position
		03 Does your seat backrest adjust			21 Are the symbols on keys clear and easy to read
		04 Are the arms of chair interfering with comfort			22 Is the keyboard free from glare
		05 Is your chair stable			23 Is your environment noisy
		06 Is there adequate desk surface space			24 Is there sufficient lighting
		07 Is the height of your desk correct			25 Is the temperature comfortable
		08 Do you have enough leg room under desk			26 Is the air quality satisfactory
		09 Do you need a footrest			27 Do you have enough room to change position/vary movement
		10 Do you need a document holder			28 Do you have suitable software complete tasks
		11 Can you tilt and swivel your screen			29 Have you received adequate training to use of the software
		12 Can you adjust your screen height			30 Do you understand DSE work practices
		13 Is there glare and reflection on your screen			31 Do you understand the arrangements for eye tests
		14 Is the screen image stable			32 Do you know who to speak to if there's a safety concern
		15 Can you adjust the screens brightness			33 Have you recorded individual comments (see overleaf)
		16 Can you adjust the screens contrast			34 Is your pointing device separate and easy to use?
		17 Is there clarity of characters on screen			35 Is your pointing device comfortably close
		18 Is the keyboard separate from screen and easy to move			36 Is your pointing device smooth & moves at a suitable speed
		19 Is there enough space in front of keyboard to rest your hands			37 Do you require additional laptop accessories

 Action required

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)	IT Help Desk	IT & computer equipment
(C)	Line Manager	Small sundry workstation items, e.g. footrests & document holders
(D)	Health & Safety Manager/Occupational Health / DSE Training course	All health and medical related issues, including eye health

Certificate

Health & 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:
Partnership employer:
Manager's name:

User Comments:

This assessment was completed at my workstation at home

Manager's Comments: (write any comments below, If you need to use a continuation please attach it).

User's Sign off

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

Signature

.....

Date.....

MANAGER'S SIGN-OFF*

Signature

.....

Date.....

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