**Homeworking Checklist and DSE Risk Assessment**

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| **Section A: To be completed by the homeworker** |

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| Name |  | Manager |  |
| Department |  | Date |  |

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| HOW TO USE THIS FORM: Work through the checklist and DSE assessment, ticking either the ‘yes’ or ‘no’ column against each item: ‘yes’ answers = no further action; ‘no’ answers = investigation and may need remedial action. Upon completion, send to your line manager. |

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| How often do you work from home?  |
| What are your hours of work? |
| Who may be harmed? (Employee, household members, children, etc.): |

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| **Section B: To be completed by the homeworker** |

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| Homeworking Checklist | Yes | No | N/A |
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| **Environment** |
| Is a suitable room temperature easy to maintain? |  |  |  |
| Is there suitable natural or mechanical ventilation available? |  |  |  |
| Is there suitable lighting available? |  |  |  |
| Does the room where work is done have space of at least 11m3 (in total volume)? |  |  |  |
| Is the space available adequate for the tasks carried out? |  |  |  |
| Is the space free from excessive noise levels? |  |  |  |

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| **Electrical** |
| Is all the equipment supplied to you in good repair and good working order? |  |  |  |
| Is there a suitable 13A single phase 240v AC electrical supply available? |  |  |  |
| Is there a sufficient number of outlet sockets available or RCD extension provided? |  |  |  |
| Is electrical equipment supplied routinely tested (PAT) and visually inspected? |  |  |  |
| Are all wires and cables safely routed and not trailing across the floor? |  |  |  |
| Do you use the correct chargers for the equipment being charged (mobile phones, laptop, etc.)? |  |  |  |

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| **Fire and emergency** |
| Is there a suitable escape route available? |  |  |  |
| Are all means of access and egress (entrances and exits) suitable and maintained free from obstruction? |  |  |  |
| Is suitable provision for first aid available? |  |  |  |
| Are keys to locked doors and windows easily available in case of an emergency? |  |  |  |
| Have arrangements for reporting accidents been made clear? |  |  |  |

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| **Personal safety** |
| If you are pregnant or a new mother, has a separate assessment been carried out? |  |  |  |
| Are facilities in place for you to contact someone or raise the alarm in an emergency? |  |  |  |

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| **Communication and consultation** |
| Do your have regular catch-ups with your line manager? |  |  |  |
| Are there regular team meetings? |  |  |  |
| Does your employer keep you informed with company news/information/rules and procedures? |  |  |  |
| Is there anyone who can offer you support with IT problems? |  |  |  |
| Is there anyone you can talk to if you are being impacted by homeworking or facing challenges from homeworking?  |  |  |  |

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| **Section C: To be completed by the homeworker** |

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| **DSE Assessment** |
| TYPE OF WORK | Light use | Inputting | Secretarial | Report writing |
| HOURS PER DAY USE (tick the option which applies) | 0-3 | 3-6 | 6-9 | 9+ |

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| **WORK SURFACE** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is there sufficient space on the work surface for the necessary equipment, papers, etc.? |  |  | Create more room by moving printers, papers, etc. Use of document stands may help.Laptops should be positioned on a solid, flat surface.  |  |
| Is the work surface of suitable height? (Legs should be able to fit underneath easily and allow for free leg movement). |  |  | Consider lifting the work surface using feet blocks. |
| Is the work surface free from glare or reflections? |  |  | Consider use of mats or blotters to reduce glare.  |

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| **CHAIR** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the chair in good condition? |  |  | Chair may need repairing or replacing if you are uncomfortable or adjustment mechanisms are not working properly. |  |
| Is the seat height adjustable? |  |  |
| Does the seat back tilt or adjust for support? |  |  |
| Does the chair swivel? |  |  |
| Does the chair have castors, or does it glide suitably? |  |  |
| Is the seat adjusted so that it is comfortable? |  |  | Training to enable correct set-up. |
| Is the small of your back supported by the chair? |  |  | Adjust seat back height. Support cushions may help. |
| Are your feet flat on the floor without excessive pressure on the back of your legs? |  |  | A foot rest may be needed. |
| Are your forearms horizontal? |  |  | Adjusting chair height. |

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| **DISPLAY SCREEN** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the screen set at the right height? (Top of screen should be level with eyes). |  |  | Adjust screen height/angle or place on a stand. Laptop users may need a separate screen. |  |
| Is the screen image stable and flicker free? |  |  | Try using different screen colours. Check screen is working properly. |
| Are the brightness/contrast adjustable? |  |  | Not essential but should be able to read screen. |
| Is the screen free from glare or reflection? |  |  | May need to move the screen/work surface and/or shield the screen from source of glare.  |
| Does the screen swivel and tilt? |  |  | This may not be built in but if a comfortable position cannot be adopted then this can be added if needed.  |
| Are characters well defined and clear? |  |  | Make sure screen is clean and cleaning materials are available. Check text and background colours/character size. |

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| **KEYBOARD** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the keyboard separate from the screen? |  |  | This is a requirement and should be supplied unless impractical to do so (e.g. portable use).If using a laptop then a separate keyboard may be required if using over three hours per day. |  |
| Can the keyboard be tilted? |  |  | Not essential but should be readable and comfortable to use. |
| Are the characters on the keyboard clean and legible? |  |  | Should be kept clean. Keyboard may need modifying or replacing. |  |
| Is there enough rest space for your hands? (around 5-10cm). |  |  | Try pushing display screen further back to create more room. |
| Is the keyboard correctly aligned with screen? |  |  | Straighten in line with display screen. |
| Is use of the keyboard comfortable? |  |  | A wrist rest may be needed.Training may help to improve comfort. |

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| **MOUSE, TOUCH PAD** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Is the DEVICE suitable for the tasks it is used for? |  |  | Laptop uses with separate keyboard may need a mouse or keyboard with built-in tracker ball or touch pad. |  |
| Can the device be used in a comfortable position? |  |  | Move device closer so elbow at right angle when using.  |
| Is there support for your wrist and forearm? |  |  | This can be from the work surface. |
| Does the device work smoothly? |  |  | Cleaning may be required.Mouse mat may help. |  |
| Can you operate the device easily? |  |  | May need to adjust device settings e.g. speed. |

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| **WORK PRACTICES** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Do you plan daily work patterns? |  |  | Break up display screen work with other activities.Change eye focal length occasionally by looking out of window or at distance further away. |  |
| Do patterns allow screen breaks (5-10 minutes per hour)? |  |  |
| Do you take regular screen breaks? |  |  |
| Is the software suitable for the task / easy to use? |  |  | Training in use of software.  |

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| **TRAINING** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Have you been made aware of the guidance for setting up of your workstation? |  |  | Training for correct set-up and use of workstation. |  |
| Have you completed any DSE training within the last 12 months? |  |  | Training in use of DSE. |  |
| Do you know how to use all of the programme and systems used at work? |  |  | Training in use of programme and systems. |  |

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| **VISION** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Have you had a suitable eye test in the last two years? |  |  | Arranging for an eye test. |  |
| Have you been prescribed glasses/lenses for DSE and are these being worn? |  |  | Arranging for a further eye test. |
| Are you currently free from headaches/fatigue or any other eye problems? |  |  | Arranging for an eye test to check or visiting your GP. |

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| **HEALTH** | **YES** | **NO** | **CONSIDER** | **ACTION** |
| Are you free from any pain/numbness or tingling in the following areas: |  |  |
| * Wrists
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| * Arms
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| * Shoulders
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| * Neck and back
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| **Section D: To be completed by the homeworker** |

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| **To aid reviews, it would be useful to include a photograph of your workstation set-up below:** |
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| **Section E: To be completed by the homeworker** |

Any other problems noted below should be included on this or any future assessments and should be entered into the action table.

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| **ADDITIONAL CONCERNS** | **ACTION REQUIRED** |
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| **Section F: To be completed by the Line Manager/Supervisor** |

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| **ACTION AGREED** |

Agree any actions required with the individual and keep a record of these in the table below, together with an indication of a priority and timescale.

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| **Action required** | **By** | **Priority** | **Timescale** | **Completed** |
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| **NOTES** |

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| **Section G -To be completed by Line Manager/Supervisor and the homeworker** |

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| **REVIEW** |

* Agree If any actions are required, this assessment must be repeated in six months; if no action is necessary, repeat in 12 months.
* If any change is made to the workstation, or there are changes to the homeworker’s circumstances or health, another assessment may be required.

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| USER’S SIGNATURE |  | DATE |  |
| LINE MANAGER SIGNATURE |  | DATE |  |

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| **Section H: To be completed by Line Manager/Supervisor** |

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| **The current risk assessment rating is considered to be: Tick** |
| **High risk** | Fatal or major injuries or irreversible health effects to one or more people are highly probable. |  |
| **Medium risk** | Serious injury or ill-health effects are possible. |  |
| **Low risk** | Minor injury or reversible minor health effects may occur. |  |
| **Insignificant** | The activity presents no greater risk than those associated with life in general. |  |