**HOME WORKING RISK ASSESSMENT**

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| **Working Environment of Area Where Working from Home Takes Place** | **Yes/No or n/a** |
| Is there sufficient ventilation in the room, can windows be opened without risk to employee or others? |   |
| Is there sufficient lighting for the task? |   |
| Is there sufficient space for all the furniture & equipment used?  |   |
| Is flooring in good condition and free from trip hazards? |   |
| **Electrical Safety** | **Yes/No or n/a** |
| 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 working from home in good condition and free from any visual faults? |   |
| Do you undertake visual checks of electrical equipment to identify any obvious faults such as worn or damaged leads or plugs? |   |
| Is the equipment provided by the Sellafield Ltd PAT tested? |   |
| **Display Screen Equipment** | **Yes/No or n/a** |
| Have you received training and information on how to set up your workstation to avoid poor posture? |   |
| Does the chair used provide sufficient lumbar support? |   |
| Can the chair be adjusted so that you can sit with your shoulders in a relaxed position and your 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 there sufficient space in front of the keyboard for you to rest your hands in between keying? |   |
| Can you rest your feet flat on the floor or do you need a footrest? |   |
| If you use a laptop, is a docking station and separate screen /keyboard available? |   |
| Are you aware of the importance of taking regular breaks from computer-based work before fatigue sets in? |   |
| Have you ever experienced pain or discomfort when using the computer at home? |   |
| **Visual Fatigue** | **Yes/No or n/a** |
| Is the screen positioned at the correct height and viewing distance? *(Your eye-line should be just below the top of the screen and the screen should be positioned directly in front of you 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?  *(ISS can advise how to adjust the settings to suit the needs of the user)* |   |
| Have you ever suffered from headaches or visual discomfort when working at the computer at home? |   |
| **Emergency Arrangements** |  |
| Does the accommodation used for working from home have a smoke alarm? |   |
| Have you identified what the course of action is in the event of a fire?  *(You should plan the escape route and what you would do if the route was unavailable due to fire/smoke, e.g. having tools to break double-glazed windows etc.)* |   |
| Have you got access to a first-aid kit? |   |

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| **Action Taken by Employee to Address any Issues** |
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| **Discussion with and Action Taken by Manager to Address any Issues** |
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| **Name of Home Worker:****Signature:** | **Date of Issue:****Date for Review of Assessment:**  |