

# Working from home risk assessment

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You are unable to work from home unless you have completed a working from home risk assessment within the last 12 months.

|                     |  |                         |
|---------------------|--|-------------------------|
| Employee's Name:    |  | Address being assessed: |
| Date of Assessment: |  |                         |

|   | Yes | No | Comments |
|---|-----|----|----------|
| Do you have a suitable workstation and desk chair which is set up in line with the diagramme provided below   |     |    |          |
| Do you have access to the internet for your laptop and phone at your desk?  |     |    |          |
| Are you able to safely position all necessary equipment and documents at your desk?   |     |    |          |
| Is the workstation designed to provide you with sufficient space to change position and vary movement?  |     |    |          |
| When seated at your desk can you move your legs and upper body together without twisting?   |     |    |          |
| Are your screen, desk, keyboard and chair all compliant with health and safety guidelines as described at <a href="https://www.quora.com/What-is-office-ergonomics">https://www.quora.com/What-is-office-ergonomics</a> |     |    |          |
| Is the work area free from trailing cables and leads?   |     |    |          |
| Is the area at right angles to the sun to reduce glare and reflection?  |     |    |          |
| Is the work area covered by a smoke alarm?  |     |    |          |

|   |  |  |  |
|---|--|--|--|
| Will the hours of work generally not exceed 8 – 9 per day?  |  |  |  |
| Will regular contact be made with your line manager to prevent isolation, i.e. telephone communications, teleconferences, slack, emails, Microsoft Teams etc? |  |  |  |
| Will you have access to a non-VOIP phone during the working day to enable emergency calls?  |  |  |  |
| Are external doors secured by a deadlock?   |  |  |  |
| Are all accessible windows secured by key operated locks?   |  |  |  |
| Is there any apparent damage to equipment you will be using to carry out your duties?   |  |  |  |
| Is there any evidence of overheating?   |  |  |  |
| Is there any obvious damage to plugs or leads?  |  |  |  |
| Is the work area free from heavy noise, fumes and high temperatures?  |  |  |  |
| Are floor coverings sound, and without defect?  |  |  |  |
| Are walkways clear of tripping hazards?   |  |  |  |
| Do you have a first aid kit available whilst working at home?   |  |  |  |
| Will anyone else be in the house while you are working?<br>If so, please specify who in the comments box  |  |  |  |
| Are you responsible for any dependents while you are working from home?<br>If so, please specify in the comments box  |  |  |  |

Signed:

Date:

**Reviewed and Authorised by Line Manager:**

Name:

Position:

Signed:

Date:

Approved       Not approved

Comments:

## Desk set up

