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| **HOME WORKING &** **DISPLAY SCREEN ASSESSMENT FORM AND CHECKLIST** | | | | | | | | |
| **Work Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Equipment Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type / Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Manager Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **The information gathered below may not be relevant to the work operation at home, therefore select the Not Applicable column if so.** | | | | | | | | |
| **Subject &/or Characteristics** | **Y** | | **N** | | | **N/A** | | **Additional Comments / Action Required** |
| **1. GENERAL CONSIDERATIONS** | | | | | | | | |
| Is the line manager satisfied as to the suitability of the employee’s home? |  | |  | | |  |  | |
| Does the employee’s home have adequate furniture, ICT equipment and materials to enable all aspects of the job to be carried out satisfactorily and safely? |  | |  | | |  |  | |
| Ensure that suitable space for working, storage, security and confidentiality of information is in place? |  | |  | | |  |  | |
| Ensure that all reasonable care has been taken to check the employee has a safe working environment in a comfortable ergonomic position, that suitable breaks are to be taken to prevent undue tiredness or injury and that work is not in excess of their contractual hours? |  | |  | | |  |  | |
| Does the accident procedure include arrangements for homeworkers? |  | |  | | |  |  | |
| Provision of computer equipment for the employee’s use at home? In such cases the computer should be set up as a company computer with access to required software and networks; a broadband connection should be available to facilitate this. |  | |  | | |  |  | |
| Ensured that employees working from home can comply with the company’s information management, security policy and data protection policy? |  | |  | | |  |  | |
| Provision of any specialist equipment required and checked the compatibility and set up requirements for the home environment? |  | |  | | |  |  | |
| Arrangements in place for suitable insurance such as public liability and extra equipment contents on behalf of the employee working at home? |  | |  | | |  |  | |
| **2. IMAGE ON LAPTOP / SCREEN** | | | | | | | | |
| Information easily read | |  | |  | |  |  | |
| Image stable & flicker free | |  | |  | |  |  | |
| Brightness/contrast control | |  | |  | |  |  | |
| Glare & reflection free | |  | |  | |  |  | |
| Clean screen | |  | |  | |  |  | |
| **3. THE MONITOR (IF UTILISED)** | | | | | | | | |
| Swivel & tilt facility | |  | |  | |  |  | |
| Distance 24" and at 15°∠ | |  | |  | |  |  | |
| Correct size for application and use | |  | |  | |  |  | |
| Positioned at eye level | |  | |  | |  |  | |
| If utilizing a laptop / positioned at eye level | |  | |  | |  |  | |
| **4. KEYBOARD / MOUSE** | | | | | | | | |
| Tilt facility | |  | |  | |  |  | |
| Separate from screen / especially laptop | |  | |  | |  |  | |
| Clear, clean symbols | |  | |  | |  |  | |
| Mouse appropriate for activities | |  | |  | |  |  | |
| **5. DESK / WORK SURFACE** | | | | | | | | |
| Adequate desk space for activities | |  | |  | |  |  | |
| Adequate fore-arm / wrist support | |  | |  | |  |  | |
| Desk appropriate height | |  | |  | |  |  | |
| Adequate leg / knee room | |  | |  | |  |  | |
| Desk surface glare free (studio workers) | |  | |  | |  |  | |
| Workstation free of sharp edges | |  | |  | |  |  | |
| Safe access / egress (in case of fire) | |  | |  | |  |  | |
| Adequate storage facilities | |  | |  | |  |  | |
| Other equipment accessible | |  | |  | |  |  | |
| **6. SEATING** | | | | | | | | |
| Comfortable when seated | |  | |  | |  |  | |
| Adjustable seat height | |  | |  | |  |  | |
| Adequate back-rest height | |  | |  | |  |  | |
| Seat controls easy / safe to use | |  | |  | |  |  | |
| Good lumbar support provided | |  | |  | |  |  | |
| Adjustable rake angle | |  | |  | |  |  | |
| Seat stable & castors attached | |  | |  | |  |  | |
| **7. ENVIRONMENTAL** | | | | | | | | |
| Adequate general lighting | |  | |  | |  |  | |
| Adequate task lighting | |  | |  | |  |  | |
| Noise levels acceptable | |  | |  | |  |  | |
| Window blinds provided (preventing glare) | |  | |  | |  |  | |
| Temperature controllable | |  | |  | |  |  | |
| Any distractions to highlight | |  | |  | |  |  | |

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| **8. ELECTRICITY** | | | | | | |
| No worn cables evident |  |  |  |  | | |
| Are there extension cables used? |  |  |  |  | | |
| Has the equipment been PAT tested? |  |  |  |  | | |
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| **9. FIRE** | | | | | | |
| Storage of combustibles, if any |  |  |  |  | | |
| Do you switch off overnight? |  |  |  |  | | |
| Smoke alarm – fitted and working? |  |  |  |  | | |
| Fire extinguisher checked? |  |  |  |  | | |
| **10. SLIPS AND TRIPS** | | | | | | |
| Secure cable / wires |  |  |  |  | | |
| Any other slip or trip hazards e.g. rugs / mats / slippery floors? |  |  |  |  | | |
| Is the office clean and tidy? |  |  |  |  | | |
| Is the area clear and free from obstacles? |  |  |  |  | | |
| **11. ILLNESS / WELLBEING** | | | | | | |
| Sudden illness or accident that requires outside help or hospitalisation |  |  |  |  | | |
| Electric shock |  |  |  |  | | |
| Stress |  |  |  |  | | |
| Loneliness |  |  |  |  | | |
| Recently Prescribed Medication |  |  |  |  | | |
| **12. MANUAL HANDLING** | | | | | | |
| Lifting and carrying training given? |  |  |  |  | | |
| Musculoskeletal disorders and injuries |  |  |  |  | | |
| **13. Nature of Work** | | | | | | |
| Time spent on screen activities (DSE); |  | | |  | | |
| Average hours per day | \_\_\_\_\_\_ hrs/week | | |  | | |
| Estimated hours per week | \_\_\_\_\_\_ hrs/week | | |  | | |
| Percentage of complex work | \_\_\_\_\_\_ % | | |  | | |
| Percentage of routine work | \_\_\_\_\_\_ % | | |  | | |
| Do you use the phone and computer at the same time for long periods, 5 minutes or more? |  |  |  |  | | |
| Are you able to organise your work to enable adequate screen breaks? |  |  |  |  | | |
| Do you take screen breaks in the: | |  |  |  | | --- | --- | --- | | **Morning** | Yes  | No  | | **Lunch** | Yes  | No  | | **Afternoon** | Yes  | No  | |  |  |  | | | | | | |
| **14. Visual Factors** | | | | | | |
| Do you wear spectacles/ contact lenses? |  |  |  |  | | |
| Are you aware of the availability of eyesight tests? |  |  |  |  | | |
| When was your last eyesight test? | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **15. Information** | | | | | | |
| Have you read the HSE guide to working with VDU’s? |  |  |  |  | | |
| Have you read the HSE guide to home working? |  |  |  |  | | |
| **Further comments and advice:** | | | | | | |
| Cleanliness advice -   * Keep your work area clean, tidy and dust free * Keep drinks away from your computer and paperwork to avoid spillages and damage to equipment * Do not eat at your desk. Do not allow family members and pets around your equipment.   Security –   * Ensure your home and equipment is secure * Keep your external doors locked when you are working alone in the house * Lock away equipment and work when not in use   Insurance -   * Ensure your home insurance covers your working at home situation, and covers work equipment | | | | | | |
| **Other Equipment** | | | | | | |
|  | **Y** | **N** | **N/A** | | **Additional Comments** | |
| Laptop / VDU / Home Computer |  |  |  | |  | |
| Printer |  |  |  | |  | |
| Desk |  |  |  | |  | |
| Chair |  |  |  | |  | |
| Filing Cabinet |  |  |  | |  | |
| Set of Drawers |  |  |  | |  | |
| Desk Lamp |  |  |  | |  | |
| Smoke Alarm |  |  |  | |  | |
| Fire Extinguisher |  |  |  | |  | |
| Extension Lead with Circuit Breaker |  |  |  | |  | |
| Telephone |  |  |  | |  | |
| Broadband Connection |  |  |  | |  | |
| Carpet Protector |  |  |  | |  | |
| First Aid Kit |  |  |  | |  | |
| Further Information / Items Required: | | | | | | |
| **Actions Agreed by Manager:** | | | **Target Date:** | | | **Completed:** |
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| **Classified as a user** YES / NO | | **Review Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |