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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: |

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| **Morning** | Yes  | No  |
| **Lunch** | Yes  | No  |
| **Afternoon** | Yes  | No  |
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| **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
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |