

COVID -19 HOME WORKING SELF-ASSESSMENT & AGREEMENT

This self-assessment form is the initial stage in determining suitable working arrangements from home. This should be discussed in full with your manager and mutually agreed where possible. Please complete it as accurately as possible and return it to your Line Manager immediately upon completion. Should any information change (eg move to rotational working) please complete a revised form.

‘Double click’ on check boxes to complete the form electronically.

Name		Job Title	
Base Dept & Site		Self- Assessment Date	
Frequency of Home Working	Daily <input type="checkbox"/> 3-4 times/ week <input type="checkbox"/> 1-2 times/ week <input type="checkbox"/> Ad-hoc <input type="checkbox"/>		
Agreed Period of Home Working			
Review date			
Hours of work/work pattern: <i>(can/have hours been altered to meet childcare arrangements)</i>			
Agreed Maintaining Contact period (minimum weekly)			
Resources Provided (eg PC/Laptop, keyboard, mouse etc.)			
Lone Working Policy discussed and provided	Yes/No <i>(delete as appropriate)</i>		
Workplan Agreed	Yes/No <i>(delete as appropriate)</i>		
Compulsory Learnpro upto date	Yes/No <i>(delete as appropriate)</i>		
Aware of support available and how to access (line manager, Policies, Occupational Health, Time for Talking etc..)	Yes/No <i>(delete as appropriate)</i>		
Provided with Homeworking Tips Information sheet	Yes/No <i>(delete as appropriate)</i>		

Assessment of the Home Environment	Yes	No	Comments
Do you have a room which will be specifically used for homeworking?	<input type="checkbox"/>	<input type="checkbox"/>	
<u>If No</u> , please state where you will be working at home:			
Is there sufficient space in this room/ area to work?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there sufficient separation from other individuals in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work area suitable in terms of heating, lighting and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all electrical equipment, leads, cables & plugs used for work purposes free from visual damage or defect? <i>NB All electrical equipment & cables should be visually checked before use</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there sufficient electrical sockets to prevent overloading?	<input type="checkbox"/>	<input type="checkbox"/>	
Electric cables routed to avoid a tripping hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the work area kept tidy and traffic / escape routes kept clear?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all combustible materials, including paper stored away from possible ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a working smoke alarm in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
Can work equipment, files, paperwork, etc be secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Do home working activities involve significant manual handling?	<input type="checkbox"/>	<input type="checkbox"/>	
All significant manual handling risks already subject to risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you completed LearnPro Manual Handling Awareness module?	<input type="checkbox"/>	<input type="checkbox"/>	
Are first aid supplies available?	<input type="checkbox"/>	<input type="checkbox"/>	
Please confirm there are no health reasons why you should not lone work in the home.	<input type="checkbox"/>	<input type="checkbox"/>	
Is homeworking permitted in terms of your buildings and contents insurance and/ or tenancy agreement?	<input type="checkbox"/>	<input type="checkbox"/>	

Homeworker DSE User Assessment				
1	About Your Home Workstation	Yes	No	Comments
	Is there a desk or table available to use as a workstation?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> , please state how/ where you are using the Display Screen Equipment (DSE):			
	Is there adequate ventilation, reasonable temperatures & suitable lighting to perform the role effectively and in comfort?	<input type="checkbox"/>	<input type="checkbox"/>	
2	About You	Yes	No	Comments
	Do you know how to correctly set up your workstation equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you completed DSE Awareness LearnPro Module?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you take regular breaks working away from DSE activities?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you know how to report any concerns that relate to DSE use?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you know how to access entitlements to regular sight testing and employer's contribution to corrective eyewear costs?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you have an existing medical condition that you feel is being or could be aggravated by DSE use at home?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are you free of ill health effects sometimes attributed to using DSE? e.g upper body pain, pain or pins & needles in fingers /wrist/ hand, pain, sore/ dry eyes, headaches, neck ache	<input type="checkbox"/>	<input type="checkbox"/>	
3	Table/ Desk	Yes	No	Comments
	Is there enough space for you to rest your wrists & forearms in front of the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> , can items be moved/ removed to provide more space?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the surface free from reflection?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is there enough room to change position and vary movement?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is the area free from trailing/ unsecured lengths of cable?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does 'under-desk' storage of items impact seated position?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Work Chair	Yes	No	Comments
	Is a height adjustable chair with a 5 foot base available?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> , describe work chair being used at home:			
	Is chair set at a height where your elbows are level with the top of the table/ desk?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> , what is preventing you setting the chair at this height, eg <i>Not height adjustable, Chair arms, Desk/ table too low</i>			
	With the chair at this height, can you place your feet flat on the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> , is a footrest available?	<input type="checkbox"/>	<input type="checkbox"/>	
	Has the back rest height been adjusted so the small of the back is supported by the lumbar curve of the seat back?			
	<u>If No</u> , what is preventing back rest adjustment, eg <i>Not height adjustable, Broken, Don't know how</i>			
	If used on hard surface flooring, is there a requirement for brake-able castors to control inadvertent chair movement?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Laptops and Portable Computing Systems	Yes	No	Comments
	Only complete this section if a laptop docking station is <u>not</u> available			
	Is a separate monitor or laptop stand available?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a separate keyboard available?	<input type="checkbox"/>	<input type="checkbox"/>	
	Is a separate mouse available?	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>If No</u> to above, describe how you are using the laptop at home			
6	Keyboard	Yes	No	Comments
	Can the tilt of the keyboard be adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are the characters on the keys easily readable?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Mouse	Yes	No	Comments
	Positioned within easy reach so you can operate it without stretching your arm or bending your wrist?	<input type="checkbox"/>	<input type="checkbox"/>	
	Where applicable, do you use relevant keyboard short cuts to reduce time using your mouse?	<input type="checkbox"/>	<input type="checkbox"/>	

8 Monitor	Yes	No	Comments
Is monitor/screen positioned directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	
Is monitor/ screen positioned arm's length (45-65cm) away?	<input type="checkbox"/>	<input type="checkbox"/>	
Are your eyes at the same level as the top of the screen?	<input type="checkbox"/>	<input type="checkbox"/>	
Can the screen tilt be adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	
Can you clearly read text on the screen?	<input type="checkbox"/>	<input type="checkbox"/>	
Are brightness and contrast controls available and easy to adjust?	<input type="checkbox"/>	<input type="checkbox"/>	
Is monitor/ screen free from reflection/ glare?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments Document any issues associated with home working not already captured in this assessment

Line Manager to complete on receipt of Home Working Self- Assessment

Date Received		Received/ Checked by	
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Current home working arrangements are fit for purpose and meets the needs of employee?

- Yes** If 'Yes', date and sign the assessment and review at regular intervals
- No** If 'No', complete the 'further action section of the assessment

Further Action (detail adjustments to be applied or rationale for failure to agree Home Working)	Responsible Person	Target Date

Assessment Completed By		Designation		Date	
Assessment Agreed by		Line Manager		Date	
<i>Assessment should be reviewed following incident/injury, a change to working practice or at least quarterly</i>					
1st Review Completed By		Designation		Date	
2nd Review Completed By		Designation		Date	