

WFH (Working from Home) Risk Assessment/Check List
WFH RA 01

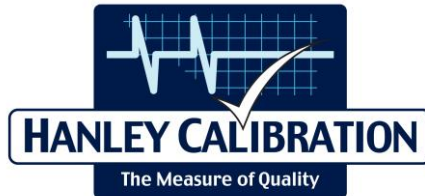
Please complete every section in this form and return to your Area Manager/Safety Officer

Name:	Address:
Work Activity:	Role:
Assessor:	Manager:

Equipment/Resources Required

Please Tick

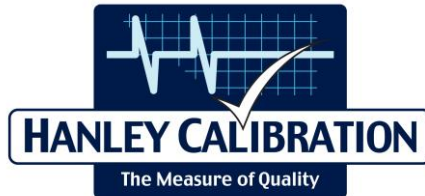
<ul style="list-style-type: none"> • Dedicated Room • Workstation • Chair • Laptop • Desktop Computer • Monitor • Keyboard • Mouse • Scanner 	<ul style="list-style-type: none"> • Task Lighting • Docking Station • Document Holder • Foot Rest • Wrist Rest • Broadband • Mobile Phone • Printer • Headset
Other:	



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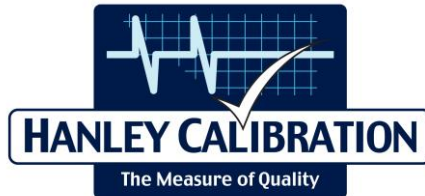
Communications				
Control	YES	NO	N/A	Comments/follow up actions
Is a headset/speaker or microphone provided for communication?				
Are arrangements in place to consult with employees and for them to report issues for example accidents, health related issues, workload, faulty equipment, working hours?				

The Workstation				
Control	YES	NO	N/A	Comments/follow up actions
The workstation has adequate space for Equipment? including mouse, keyboard, laptop, laptop stand, monitor and allows the employee to find a comfortable position.				
Is there a dedicated work space that can be set up in the home that is safe, suitable and free from distractions?				
Is there enough knee clearance underneath the workstation?				
Is there enough space to allow the employee to change position and vary movements?				
Is the area clutter free so that the employee can focus easily on the task?				
Is a document holder required to read documents?				



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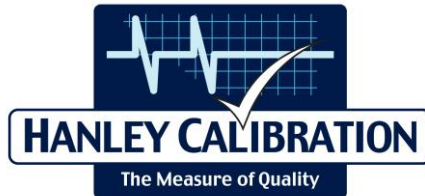
The Screen				
Control	YES	NO	N/A	Comments/follow up actions
Is the screen positioned to avoid glare and reflection (for example sit at 90 degrees to a window to avoid glare)?				
Can the screen swivel and tilt easily?				
Is the screen positioned so that the top of the screen is at eye level or slightly below and avoids sustained bending of the neck?				
Is the screen free of reflective glare and are reflections liable to cause discomfort?				
Is the screen set up at a comfortable distance (for example arm length away)?				
Is the image on the screen stable with no flickering?				
Are the characters on the display screen well defined, clearly formed of adequate size and with adequate spacing?				
Has the employee been informed that they should relax their shoulders when viewing the screen?				



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The Chair				
Control	YES	NO	N/A	Comments/follow up actions
Is the chair set up so that the forearms are level with the desk?				
The chair has a back rest which is adjustable in height and the employee has been advised to sit back in their seat in order to get good lumbar support?				
Is the chair provided adjustable to allow feet to rest flat on the floor or is a footrest supplied?				
Is the chair provided adjustable to allow feet to rest flat on the floor or is a footrest supplied?				
Is a footrest required?				

Lighting				
Control	YES	NO	N/A	Comments/follow up actions
Employee checks suitable lighting (for example natural, task lighting) is available to take account of the type of work being carried out and their vision.				
Is task lighting available if required?				



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Health				
Control	YES	NO	N/A	Comments/follow up actions
Are eye and eyesight tests provided as needed?				
Has the employee been advised to change posture frequently and to stand/move at least every 30 minutes?				
Has the employee been advised to avoid back-to-back video calls/online meetings so that they do not sit for long periods of time?				
Are work days planned so that work can be varied if possible (for example write up notes, take a call away from desk)?				
Are there arrangements in place for monitoring and keeping in contact with the home worker?				
Employee checks the room is warm enough (between 18 & 23 degC) and has adequate ventilation.				

Keyboard/Mouse				
Control	YES	NO	N/A	Comments/follow up actions
Is the laptop/PC connected to an external keyboard and mouse?				
Is a neutral wrist posture maintained when typing (for example no bending of the wrist)				
Slope angle of the keyboard can be adjusted so as to allow the employee to find a comfortable position.				
Are the mouse and keyboard within easy reach with space provided in front of the keyboard?				



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Electricity & Fire				
Control	YES	NO	N/A	Comments/follow up actions
Household electrical supply and equipment for example sockets, lighting, RCD, heaters that are not provided by the employer are checked by the employee on a regular basis.				
Is the area around the workstation kept clear of trailing cables and trip hazards?				
Is there an adequate number of sockets available?				
Is portable electrical equipment provided by the employer checked regularly and is unsafe equipment taken out of use (check for frayed wires, signs of burns or melting)?				
Homeowner checks firefighting and detection equipment regularly and emergency plan is in place in case of fire <i>(Fire detection and firefighting equipment is the responsibility of the homeowner).</i>				

Employee name: _____ Signature: _____ Date: _____

Assessor name: _____ Signature: _____ Date _____