You are required to complete this risk assessment as part of your health and wellbeing and in order that your employer can take any appropriate measures to ensure that you work safely at your home

|  |  |
| --- | --- |
| Employee Name |  |
| Date of Birth |  |
| Job Title |  |
| Workplace Location (where in your home are you working) |  |
| Date of Assessment |  |

**1. Environment Questions**

Click the check digit box that is relevant for each question please.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment | Question | Yes | No | N/A |
| Screen (VDU) | Are characters readable: |  |  |  |
|  | Is the image stable |  |  |  |
|  | Does monitor swivel & tilt: |  |  |  |
|  | Screen spec suitable for use |  |  |  |
| Keyboard | Does keyboard tilt: |  |  |  |
|  | Is keying comfortable: |  |  |  |
| Mouse | Is it a suitable device: |  |  |  |
|  | Wrist support in place if required |  |  |  |
|  | Positioned close to user: |  |  |  |
|  | Forearm support in place if required |  |  |  |
| Furniture | Is work surface sufficient |  |  |  |
|  | Tilt adjustment for chair: |  |  |  |
|  | Height adjustment for chair: |  |  |  |
|  | Are forearms horizontal: |  |  |  |
|  | Lumbar region supported: |  |  |  |
|  | Is equipment reachable: |  |  |  |
| Phone | Can you pick up your phone without stretching |  |  |  |
| Posture | Are your Hips/knees 90o: |  |  |  |
|  | Are feet flat: |  |  |  |

Employees have a duty to take reasonable care of their own health and safety and that of others who may be affected by what they do or don’t do, and to report all employment-related hazards. For homeworkers, the other people who may be affected are likely to include other family members.

If you have answered **No** to any of the above questions you should contact your manager or request a Telephone Workstation assessment is carried by occupational health

**2. Do you suffer from any pain or discomfort at your work station?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area of Body | Never | Rarely | Occasionally | Often | Constant | Trigger (e.g. typing, writing) |
| Headache |  |  |  |  |  |  |
| Shoulder |  |  |  |  |  |  |
| Elbow/Forearm |  |  |  |  |  |  |
| Wrist/Hand |  |  |  |  |  |  |
| Upper back |  |  |  |  |  |  |
| Lower back |  |  |  |  |  |  |
| Thigh |  |  |  |  |  |  |
| Knee |  |  |  |  |  |  |
| Shin |  |  |  |  |  |  |
| Ankle/foot |  |  |  |  |  |  |
| Buttocks/hips |  |  |  |  |  |  |

If you have answered **Occasionally, Often** or **Constant** to any of the above questions you should contact your manager or request a Telephone Workstation assessment is carried by occupational health.

**Declaration**

|  |  |
| --- | --- |
| I confirm that the answers to the assessment are true and accurate to the best of my knowledge. |  |

|  |  |
| --- | --- |
| Name |  |
| Sign |  |
| Date |  |

Save this document when completed and email the return to your designated contact or manager.

**Management Advice**

Retain a copy of this report in your employees file.

Employers have a duty to act where reasonably practicable to do so this may mean providing further advice or appropriate equipment for your worker at their home. The following support is available should you need it.

Occupational Health Home worker assessment visit [www.ohiosystems.co.uk](http://www.ohiosystems.co.uk) or call **01925 227000**

Ergonomic Equipment [www.pamhealth.co.uk](http://www.pamhealth.co.uk) or call **08081 699900**

Counselling support use your EAP or visit [www.pamwellbeing.co.uk](http://www.pamwellbeing.co.uk) or call **08081 968186**