

WORKING FROM HOME RISK ASSESSMENT



Good Apple
Independent School

EMPLOYEE:

POST TITLE:

ADDRESS OF HOME UNDER ASSESSMENT:
.....
.....
.....
.....

INSTRUCTIONS: This form should be started by the employee at their home address and emailed back to natalie@goodappleindependent.co.uk

Workstation Risk Assessment

Y N

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you have adequate space to work comfortably? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there enough space underneath your desk to stretch your legs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there trailing electrical cables around your working area that need to be tied up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your working area warm, well-lit and well-ventilated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your working area clutter free so that you can focus easily on the task? | <input type="checkbox"/> | <input type="checkbox"/> |

Electrical & Fire Safety

- | | | |
|--|--------------------------|--------------------------|
| 6. Are all plugs, leads, wires and cables in the home work area in a safe condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you turn off appliances when not in use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you completed within the last 12 months the "Fire Safety Training" module held on EDUCARE, under Mandatory Health & Safety Training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are smoke detectors working and checked regularly, e.g. every month? | <input type="checkbox"/> | <input type="checkbox"/> |

General Health and Safety

- 10. Have you completed within the last 12 months the “safeguarding and child protection” modules held on EDUCARE under Mandatory Training?
- 11. Have adequate communication processes been agreed to prevent isolation and stress?
- 12. Have you completed within the last 12 months the “Online safety” module held on the EDUCARE, under Mandatory Health & Safety Training?
- 13. Do you have any existing health problems, which may affect your ability to work from home?
- 14. Is your work area free from slips trips and falls?
- 15. Do you have access to a phone to report emergencies?

Assessment hazards identified

Hazards	Action agreed to eliminate/reduce the risk	Date Complete

If you have any concerns, questions, or health and safety related issues regarding working from home, please speak to one of the following: -

- SLT
- TCH Health and Safety
- Natalie Myers

DECLARATION

I confirm I have read and understood the following;

- Home working policy;
- Lone working policy;
- Covid 19 policy and contingency plan.

I am satisfied that my arrangements to work from home do not in any way affect my ability to do the job and also do not adversely affect my health, safety and well-being;

Employee's signature **Date:**

SLTsignature **Date:**

Certificate

Health and Safety Risk Assessment for DSE Users

User's Name
Completion date
Manager's name

Maximum total time spent on computer	
01 Maximum continuous time spent on computer	

Note: At least 5 minutes in every hour should be spent on non-computer based activities.

YES	NO		YES	NO	
		02 Does your seat height adjust			20 Are you able to find comfortable keying position
		03 Does your seat backrest adjust			21 Are the symbols on keys clear and easy to read
		04 Are the arms of chair interfering with comfort			22 Is the keyboard free from glare
		05 Is your chair stable			23 Is your environment noisy
		06 Is there adequate desk surface space			24 Is there sufficient lighting
		07 Is the height of your desk correct			25 Is the temperature comfortable
		08 Do you have enough leg room under desk			26 Is the air quality satisfactory
		09 Do you need a footrest			27 Do you have enough room to change position/vary movement
		10 Do you need a document holder			28 Do you have suitable software complete tasks
		11 Can you tilt and swivel your screen			29 Have you received adequate training to use of the software
		12 Can you adjust your screen height			30 Do you understand VDU work practices
		13 Is there glare and reflection on your screen			31 Do you understand the arrangements for eye tests
		14 Is the screen image stable			32 Do you know who to speak to if there's a safety concern
		15 Can you adjust the screens brightness			33 Have you recorded individual comments (see overleaf)
		16 Can you adjust the screens contrast			34 Is your pointing device separate and easy to use.
		17 Is there clarity of characters on screen			35 Is your pointing device comfortably close
		18 Is the keyboard separate from screen and easy to move			36 Is your pointing device smooth & moves at a suitable speed
		19 Is there enough space in front of keyboard to rest your hands			37 Do you require additional laptop accessories

Action required

Please contact Natalie Myers or Derrick Masters if there are any actions that need to be taken. Please be patient with us as many deliveries have been halted during COVID 19 pandemic however ,we will do everything to assist you that is reasonably possible at the present time.

Certificate

Health & Safety Risk Assessment for DSE Users

Please present all pages of this certificate to your manager as soon as possible

User's Name
Completion date

User Comments:

This assessment was completed at my workstation at home

Manager's Comments: (write any comments below, If you need to use a continuation please attach it).

User's Sign off

I confirm that I have no Health & Safety concerns relating to my DSE work, (i.e. if any risk assessment concerns were recorded these have now been resolved).

Signature

.....

Date.....

Managers MANAGER'S SIGN-OFF*

Signature

.....

Date.....

* The signed certificate is to be placed on your personal records.