

Homeworker Assessment Template

Name of worker:			
Assessor:			
Contact number:			
Address:			
Type of work activity:			
Date of assessment:		Date of review:	
Duration of home working:	Regular (e.g. 1 day per week)	Occasional	Full-time

Working environment of homeworking area	Y/N	Action required?	Done
Is there sufficient ventilation in the room, do windows open without risk to anyone?			
Is the air quality acceptable?			
Is there sufficient lighting for the task? E.g. not too bright or too dim to work comfortably?			
Do lighting or windows cause glare on the monitor?			
If windows cause glare, are curtains or blinds provided?			
Is there sufficient heating?			
Are heating systems/ portable heaters maintained in good working order? (Gas appliances must be maintained by a Gas Safe (previously CORGI) qualified engineer)			

If portable heaters are used are these stable and positioned away from combustible materials?			
Are levels of noise comfortable?			
Is there sufficient space for all the furniture & equipment? (There should be at least 3.7 sq. metres)			
Is there enough space to work comfortably?			
Is the area free of clutter that presents a possible trip or fall hazard?			
Have all cables been suitably tied to prevent a possible trip hazard?			
Is flooring in good condition and free from trip hazards?			
Is there sufficient safe & secure storage space for equipment and documents used?			
Is the work area subject to noise at a level which is likely to affect concentration?			
Electrical safety	Y/N	Action required?	Done
Is the fixed electrical system in good condition e.g. no signs of scorching or damage on sockets?			
Are there sufficient numbers of sockets to prevent overloading?			
If extension leads are used are these the fused and switched type? (Cables and extension leads should be positioned so that they are not subject to excessive wear or damage and do not present a trip hazard)			
Is electrical equipment used for homeworking in good condition and free from any visual faults?			

Do you know the arrangements for ensuring portable appliances are maintained safely and how to check them visually for faults?			
Are there arrangements in place for it to be PAT tested if appropriate?			
Workstation Setup and Posture (observe a normal working posture)	Y/N	Comments	Done
Have you received training and information on how to set up a workstation to avoid poor posture?			
Are the screen, computer and keyboard kept clean?			
How long do you spend at your workstation?			
Are you aware of the importance of taking regular breaks from computer work before fatigue sets in?			
Have you ever experienced pain or discomfort when using the computer at home? If so, do symptoms persist when you have stopped computer work?			
Is head upright, not bent down or backwards?			
Is head facing forwards most of the time?			
Is trunk held straight?			
Is lower back supported?			
Do you sit right back into chair?			
Are shoulders relaxed?			
Are arms relaxed by sides, elbows below shoulders?			
Are forearms horizontal?			
Are wrists in line with forearms?			

Do you regularly use the telephone whilst using the keyboard or mouse? (If yes, use a headset).			
Chair	Y/N	Action required?	Done
Does the chair have a working seat back height and tilt adjustment?			
Does the chair used provide sufficient lumbar support?			
Does the chair have a working seat height adjustment?			
Do you know how to adjust your chair?			
Is the seat height correct?			
Is the backrest positioned at correct height/angle?			
Are the armrests at a height and length that enables you to sit at the right height and distance from their keyboard?			
Is the chair stable?			
Does the chair have a working swivel mechanism?			
Does the chair have at least five working castors?			
When working at the computer, are you able to place feet flat on the floor, without too much pressure from the seat on the backs of legs?			
Do you need a footrest?			
Display Screen	Y/N	Action required?	Done
Is the screen positioned at the correct height and viewing distance? (Your eye-line should be just below the top of the			

screen and the screen should be positioned directly in front of you at approximately an arm's length away).			
Is screen directly in front of and square to you?			
Does the screen swivel and tilt?			
Is the screen free from glare or reflections? (Ideally the screen should be at right angle to windows, windows should be provided by blinds or curtains to prevent glare from falling onto the screen.)			
Is the screen free from flicker & are images clear & stable?			
Are the characters clear and readable?			
If using a laptop, is a separate monitor used?			
Have you had a recent eye-sight test?			
Have you been advised of your entitlement to eyesight testing?			
Are the brightness and contrast adjustable and do you know how to adjust them?			
Do you know how to adjust the text size?			
Do you suffer from headaches or visual discomfort when working at the computer at home?			
Keyboard/Mouse	Y/N	Action required?	Done
Are the characters on the keys easily readable and do the keys function correctly?			
Can the keyboard be tilted?			

Is it possible to find a comfortable keying position?			
Is it comfortable without a wrist rest?			
Is there enough space to rest hands in front of keyboard?			
If a laptop is used, is the keyboard separate from the screen?			
Does the mouse perform adequately? If not why?			
Is the mouse positioned right beside the keyboard?			
Do you know how to adjust the software settings to adjust device for speed and accuracy of pointer?			
Software	Y/N	Action required?	Done
Is the software user-friendly and easy to use?			
Does the software respond quickly and give clear feedback and messages?			
Are you able to operate all the software you are expected to use as part of their job?			
Furniture/Desk	Y/N	Action required?	Done
Is the work surface large enough for all necessary equipment, papers etc.?			
Can you comfortably reach equipment and papers needed most frequently?			
Do you have to read/refer to/copy from documents placed flat on the desk? <i>(This</i>			

<i>may lead to awkward neck movements; avoid by using a document holder.)</i>			
If applicable, is the document holder positioned correctly?			
Are surfaces free from glare and reflection?			
Is there enough room to change position and vary movement?			
Is the area free of clutter that presents a possible trip or fall hazard?			
Stress	Y/N	Action required?	Done
Is there sufficient segregation from disruptions e.g. children, pets, other family members?			
Are there arrangements in place for you to keep in regular contact with your line manager?			
Are there any concerns about managing working hours, workload or work-life balance?			
Are there arrangements in place for regular personal development reviews?			
Is support/advice readily available to you to deal with either IT problems or other work queries?			
Do you have access to sufficient training, information and instruction to be able to work safely?			
Emergency arrangements	Y/N	Action required?	Done
Does the accommodation have a smoke alarm?			

Is it checked regularly?			
Are flammable materials (e.g. paper) and ignition sources (e.g. cigarettes) kept to a minimum?			
Have you identified what the course of action is in the event of a fire? (Plan the escape route and what to do if the route was unavailable due to fire/smoke, e.g. having tools to break double-glazed windows etc. Seek professional advice from local fire service if necessary.)			
Have you got access to a first-aid kit?			
Please confirm that you have checked your home insurance and are adequately covered.			
Miscellaneous	Y/N	Action required?	Done
Do you carry out significant manual handling? (If yes, a manual handling assessment/manual handling training is required)			
Are there any security concerns?			
Are there any other concerns? (Please specify)			
Any other action to be taken by employee to address any issues			



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Any other action to be taken by employer to address any issues	
<p>I declare the information given is true and correct.</p> <p>I understand the contents of this form will be disclosed to my employer (or the organisation contracting the assessment).</p> <p>Homeworker's Signature:</p>	<p>Assessor:</p> <p>Signed:</p>