**Risk Assessment for computer-based work at home**

 (In exceptional circumstances)

Please complete this form answering all questions and return the form to your Head of Department/Section. If further support or equipment is required; Head of Department/Section can liaise with Workplace Health, Safety and Wellbeing.

Note; If you are unable to answer a question please write ‘not known’ or not ‘applicable’

|  |  |
| --- | --- |
| **Name:** |  |
| **Today’s date:** |  |
| **Department & Contact number:** |  |  |
| **Job Title:** |  |
| **Line Manager:** |  |
| **Head of Department / Section:** |  |
| **Purchasing Account/Cost code:** | Only enter if new items needed |  |
| **List your usual working hours / days:** |  **Hours per day**  |  **Days per week** |

**Health:** If you are suffering a health condition; the University does not expect you to carry out work from home until you are symptom free and well enough to work. Working from home will only be approved, if you are fit and well to carry out the work tasks allocated to you. While working at home; please communicate with your Line Manager or Supervisor at regular intervals during work hours to agree what tasks and projects to complete. If you have a current Occupational Health referral please contact the Occupational Health team (ohquery@essex.ac.uk or 01206 87 2117) to discuss any concerns and to ensure the team is aware of your needs.

|  |  |  |
| --- | --- | --- |
| **Your health checklist** |  | **Details** |
| **Do you regularly get aches, pains, tingling or pins and needles in the hand, wrist, neck, back, shoulder or arms when using a computer?** If yes, please add details: | Yes / no |  |
| **Do you regularly suffer from blurred/poor vision, red sore dry eyes or headaches when using a computer?** If yes, please add details: | Yes / no |  |
| **Please note any other health issues you are experiencing due to using a computer:** |  |

The University has published a [guide on posture and Display Screen E](https://www.essex.ac.uk/-/media/documents/directories/health-and-safety/dse-homeworking-posture.pdf)quipment (DSE) (.pdf) that can be used to help create a more comfortable workstation while working at home.

**For IT Support:** Please refer to the University’s Staff Directory for information regarding [VPN and BOX access and for technical advice.](https://www.essex.ac.uk/staff/it-services/working-remotely-from-home-or-off-campus)

|  |  |  |  |
| --- | --- | --- | --- |
| **Your working environment at home** |  | **Action required, by who, target date** | **Date completed** |
| 1. **Environment and safety**
 |  |  |  |
| Please describe the type of furniture and the area of your home that you will be using to complete your work: |  |
| Is the electrical system and IT equipment in good condition (e.g. no damaged sockets or wiring)? Can you use electrical equipment without using extension leads? | Yes / noYes / no | **For more information go to** [**Simple checks can save your life**](http://www.electricalsafetyfirst.org.uk/guides-and-advice/around-the-home/visual-checks/) **Do not ‘daisy chain’ extension leads, check your** [**extensions and cables**](http://www.electricalsafetyfirst.org.uk/guides-and-advice/electrical-items/extensions-and-leads/) **and whether you are over** [**loading sockets.**](http://www.electricalsafetyfirst.org.uk/guides-and-advice/electrical-items/overloading-sockets/) |  |
| Can you make use of curtains or blinds on the windows and suitable light shades to shield bright sources of light? | Yes / no |  |  |
| Is heating and ventilation acceptable? | Yes / no |  |  |
| **2. Fire and emergency arrangements** |  |  |  |
| Are you able to evacuate the building safely and quickly in case of fire? | Yes / no |  |  |
| Are you able to summon help in case of an emergency? | Yes / no |  |  |
| **3. Workspace and Security** |  |  |  |
| Is there enough space for you to work comfortably and for safe movement? | Yes / no |  |  |
| Does the work area provide enough privacy and freedom from disturbances?  | Yes / no |  |  |
| Are there any security concerns? | Yes / no |  |  |
| Is there adequate segregation from other people and pets? | Yes / no |  |  |
| **4. Additional considerations** |  |  |  |
| Have time sensitive work pressures, reduced IT support or concerns relating to your role, working relationships or change been addressed? | Yes / no |  |  |
| Are you aware of arrangements and requirements for communication and reporting to the office base / Manager? | Yes / no |  |  |
| Please list any concerns you have regarding working from home: |  |

|  |  |
| --- | --- |
| **Your workstation at home:** | **Details** |
| **Describe the type of IT equipment you are using to carry out work at home:** (e.g. PC, Laptop, tablet, mouse, keyboard): |  |
| **Describe the furniture you are using as part of your workstation at home:**(e.g. office desk, adjustable chair) |  |
| **Please indicate if you would like to collect or, have delivered, IT or furniture items from your office/workstation on Campus:** | Please mark with an ‘X’ which option you require: |
| I would like to **collect** furniture / IT items from my office Campus: |  |
| I require a **delivery** of furniture / IT items to my home address: |  |
| **Please indicate what DSE items you require at home:** | Laptop |  |
| Docking station |  |
| Monitor screen |  |
| Additional Monitor screen |  |
| Keyboard |  |
| Mouse |  |
| Cables or extensions for IT items |  |
| Other: |
| **Please note any other concerns you would like to raise regarding your workstation at home:** |  |