*The* [*Home Working Safely Training*](https://www.ucd.ie/sirc/healthsafety/workplacesafety/homeworking/) *should be completed before completing this assessment, and with reference to the* [*UCD Home Working*](https://intranet.ucd.ie/sirc/safetydocumentsandguides/officesafety/index.html) *Safety Guidelines*

**1. General Information**

|  |  |
| --- | --- |
| **Employee Name** |  |
| **School / Unit** |  |
| **Line Manager** |  |
| **Type of Work Activity** |  |
| **Date of Assessment** |  |
| **Is an ergonomic assessment by the SIRC Office required? (contact** [**sirc@ucd.ie**](mailto:sirc@ucd.ie)**)** |  |

**2. Home Working Safety Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Control Measure** | **Yes** | **No** | **N/A** | **Action Taken / Comments** |
| **Training** | | | | |
| Has the employee viewed the [*Home Working Safely Training*](https://www.ucd.ie/sirc/healthsafety/workplacesafety/homeworking/)on how to set up their workstation to avoid poor posture? |  |  |  |  |
| **Home Working Area / Environment** | | | | |
| Is there sufficient ventilation / can windows be opened without risk to employee or others? |  |  |  |  |
| Is there sufficient lighting for the task? |  |  |  |  |
| Is the temperature comfortable? |  |  |  |  |
| Is there sufficient space for all the furniture and equipment used? |  |  |  |  |
| Is flooring in good condition and free from trip hazards? |  |  |  |  |
| **Workstation** | | | | |
| Is the work surface of a sufficient size to support equipment in use and to allow a comfortable position? |  |  |  |  |
| Is there sufficient space in front of the keyboard for the employee to rest their hands in between keying? |  |  |  |  |
| Is a document holder required to read documents? |  |  |  |  |
| Is there sufficient knee clearance underneath the workstation? |  |  |  |  |
| **Control Measure** | **Yes** | **No** | **N/A** | **Action Taken / Comments** |
| **Chair** | | | | |
| Is the chair stable and allow freedom of movement, and a comfortable position? |  |  |  |  |
| Is the chair adjustable in seat height, seat back height and seat back tilt? |  |  |  |  |
| Does the chair used provide sufficient lumbar support? |  |  |  |  |
| Is the chair set up so that the forearms are level with the desk (approx. 90o angle between upper and lower arm)? |  |  |  |  |
| Are feet flat on the ground or is a footrest required? |  |  |  |  |
| **Visual Display Unit (VDU)** | | | | |
| Is the screen positioned directly in front of employee with top of screen at eye level or slightly below? |  |  |  |  |
| Is the screen positioned to avoid glare or reflection? |  |  |  |  |
| Is the screen set up at a comfortable distance (approx. arm length away)? |  |  |  |  |
| If working from a laptop for prolonged period, is a laptop riser or separate monitor, keyboard, and mouse available? |  |  |  |  |
| Is a headset required for regular use of the telephone whilst using the keyboard or mouse? |  |  |  |  |
| **Health and Wellbeing** | | | | |
| Are there arrangements in place for keeping in contact with line manager? |  |  |  |  |
| Are arrangements in place with the line manager to report / discuss any issues, e.g., work arrangements, emergency contacts, workload, IT issues, safety issues, etc. |  |  |  |  |
| Does the employee have access to sufficient training, information, and instruction to enable them to undertake their work safely? |  |  |  |  |
| Are regular breaks taken from the workstation to stand / move? |  |  |  |  |
| Are eye and eyesight tests carried out as needed? |  |  |  |  |
| **Control Measure** | **Yes** | **No** | **N/A** | **Action Taken / Comments** |
| **Electrical safety** | | | | |
| Is the fixed electrical system in good condition e.g., no signs of sparks, flashes, arcing, etc. |  |  |  |  |
| Are there sufficient numbers of sockets to prevent overloading? |  |  |  |  |
| If extension leads are used are these the fused and switched types? |  |  |  |  |
| Are visual checks of electrical equipment undertaken to identify any obvious faults such as worn or damaged leads or plugs undertaken regularly? |  |  |  |  |
| **Emergency arrangements** | | | | |
| Has the employee identified what they will do in the event of emergencies in the home? |  |  |  |  |
| Has the employee identified emergency contact details required? Provide details below |  |  |  |  |
| **Emergency contacts and procedures in the event of an emergency in the home:** | | | | |

**3. Further actions required to address any hazards identified**

|  |  |  |
| --- | --- | --- |
| **Action Required** | **Action By** | **Completion Date** |
|  |  |  |

**3. Risk Rating**

|  |
| --- |
| **Risk Assessment** |
| Assign a Risk Rating to the home working once all measures identified have been put in place   1. **Acceptable Risk:** Injury or illness due to home working is unlikely. No additional risk control measures are required. 2. **Moderate Risk:** There exists the potential for injury or illness due to homeworking so the home working setup must be reassessed and further risk control measures identified and implemented if possible. Contact SIRC for advice if necessary. 3. **High Risk:** The home working arrangements are likely to give rise to injury or illness. Further control measures must be considered. If it is not possible to reduce the risk then home working may not be suitable. Refer to the [Remote Working During Public Health Emergency Policy](https://www.ucd.ie/engage/employeerelations/remoteworking/). |

The risk may be considered;

* **Acceptable** once the employee has completed any actions required following completion of this assessment
* **Moderate** if there remain outstanding action items
* **High** if the employee is unable to implement all identified actions or has any pre-existing condition or vulnerability that places them at higher risk

**Is the risk rating acceptable:**  Yes  No

*If yes sign and date below and ensure all risk control measures have been implemented.*

*If no identify further control measures and reassess risk. If the risk cannot be reduced to an acceptable level then process cannot be carried out.*

**Signed: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**