

Remote working assessment

Employee name:			
Address/location: (if different from home address on HR file)			
General description of work activities:			
Date:		Name of assessor:	
General working environment	Y/N	Further action required	Date completed
Environment			
Do you need additional task lighting?			
Do lighting or windows cause glare on the monitor?			
If windows cause glare, are curtains or blinds available?			
Do you find the heating and ventilation acceptable?			
Electrical			
Is the fixed electrical system in good condition? (e.g., no damaged sockets or wiring)			
Are there enough sockets?			
Does you know the arrangements for ensuring portable appliances are maintained safely and how to check them visually for faults?			
Are there any faults on existing portable electrical equipment?			
Fire			
Are flammable materials (e.g., paper) and ignition sources (e.g., cigarettes) kept to a minimum?			
Do you have an escape plan in case of a fire?			
Is there a smoke detector or fire alarm that is regularly checked?			
Workspace and storage			
Is there enough space for you to work comfortably?			
Does the work area provide enough privacy and freedom from disturbances?			
Do you have enough storage space?			
Are there any slip or trip hazards?			

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General working environment	Y/N	Further action required	Date completed
Miscellaneous			
Are there any concerns about managing working hours, workload or work-life balance?			
Are you aware of arrangements for lone working?			
Are you aware of arrangements and requirements for communication and reporting to the office/manager?			
Are you aware of how to get help on using computers or other work equipment?			
Do you have to carry out significant manual handling? (If yes, you must carry out a manual handling risk assessment)			
Are there any security concerns?			
Are there any other concerns? (please specify)			
Computer work	Y/N	Further action required	Date completed
Workstations and computer use			
Do you know how to set up the workstation and chair for safe use?			
Is the screen clear, readable and flicker free?			
Are the brightness and contrast adjustable and do you know how to adjust them?			
Are your eyes level with the top of the screen?			
Is the keyboard tiltable and is there space in front of it to rest hands when not typing?			
Are the screen, computer and keyboard kept clean?			
Is the chair adjustable and has it been adjusted to suit your needs?			
Do you need a footrest? (if your feet are not flat on the floor once the chair has been adjusted for typing)			
Is there enough legroom for free movement?			
Are equipment and papers within easy reach?			
Is there enough space on the desk for work?			

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Computer work (continued)	Y/N	Further action required	Date completed
Is the mouse or input device suitable?			
Do you need a document holder?			
Do you take adequate breaks from computer work?			
When using the computer, do you get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back?			
If yes, do the symptoms persist after you have stopped working on the computer?			
Do you regularly suffer from blurred/poor vision, red/sore/dry eyes or headaches while using the computer?			
Laptops			
Do you need a screen, keyboard, mouse or docking station? (These will be needed if the laptop is regularly used for long periods of time)			
Do you need a rucksack or trolley bag to transport the laptop?			
Are you over reliant on handheld devices or smart phones for written communication? Do you need a full-size laptop or desktop computer?			
Are there any other concerns relating to computer use? (Please specify)			

Manager name:		Date received and checked:	
Follow up actions required:			
Review date:			
Managers signature:			

It is good practice to attach photos or a plan of the room showing the workstation, windows, doors and sockets are as it is unlikely that managers can visit employees' homes. All information will be held in line with company GDPR policies and procedures.