## **Appendix 1.14: Sample Hybrid Working Risk Assessment / Checklist Form**

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| **STEP 3 - Homeworking risk assessment / checklist[[1]](#footnote-1)(This is done by the Assessor with the employee)** | | | | | | |
| Employee Name: | | | Address: | | | |
| Work Activity: | | |
| Role: | | | |
| Assessor Name: | | | Manager Name: | | | |
| **Step 1 Equipment / resources required** | | | | | | |
| Dedicated Room |  | Keyboard | |  | Wrist Rest |  |
| Workstation |  | Mouse | |  | Broadband |  |
| Chair |  | Task Lighting | |  | Mobile Phone |  |
| Laptop |  | Docking Station | |  | Printer |  |
| Desktop Computer |  | Document Holder | |  | Headset |  |
| Monitor |  | Footrest | |  |  |  |
| Further Information: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step 2 – Homeworking risk assessment/checklist** | | | | |
| **Control** | **Yes** | **No** | **N/A** | **Comments/ follow up actions** |
| **1. Workstation** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A picture containing indoor, wall, bathroom, projector  Description automatically generatedThe workstation has adequate space for equipment including mouse, keyboard, laptop, laptop stand, monitor and allows the employee to find a comfortable position. |  |  |  |  |
| Is there a dedicated workspace that can be set up in the home that is safe, suitable, and free from distractions? |  |  |  |  |
| Is there enough knee clearance underneath the workstation? |  |  |  |  |
| Is there enough space to allow the employee to change position and vary movements? |  |  |  |  |
| Is the area clutter free so that the employee can focus easily on the task? |  |  |  |  |
| Graphical user interface  Description automatically generated with low confidenceIs a document holder required to read documents? |  |  |  |  |
| **2. Chair** |  |  |  |  |
| **Control** | **Yes** | **No** | **N/A** | **Comments/ follow up actions** |
| A chair in a room  Description automatically generated with low confidenceIs the chair provided stable, adjustable in height, allows freedom of movement, and provides lower back support? |  |  |  |  |
| A person sitting at a desk  Description automatically generated with low confidenceIs the chair set up so that the forearms are level with the desk? |  |  |  |  |
| The chair has a back rest which is adjustable in height and the employee has been advised to sit back in their seat in order to get good lumbar support? |  |  |  |  |
| Is the chair provided adjustable to allow feet to rest flat on the floor or is a footrest supplied? |  |  |  |  |
| A toilet with a roll of toilet paper on the seat  Description automatically generated with medium confidenceIs a footrest required? |  |  |  |  |
| **3. Screen** |  |  |  |  |
| **Control** | **Yes** | **No** | **N/A** | **Comments / Follow Up Actions** |
| Is the screen positioned to avoid glare and reflection (for example sit at 90 degrees to a window to avoid glare)? |  |  |  |  |
| A picture containing text, indoor, file  Description automatically generatedCan the screen swivel and tilt easily? |  |  |  |  |
| A desk with a computer on it  Description automatically generated with low confidenceIs the screen positioned so that the top of the screen is  at eye level or slightly below and avoids sustained bending of the neck? |  |  |  |  |
| Is the screen free of reflective glare and are reflections liable to cause discomfort? |  |  |  |  |
| Is the screen set up at a comfortable distance (for example arm length away)? |  |  |  |  |
| A picture containing text, electronics, screenshot  Description automatically generatedIs the image on the screen stable with no flickering? |  |  |  |  |
| A picture containing text, monitor, picture frame  Description automatically generatedAre the characters on the display screen well defined, clearly formed of adequate size and with adequate spacing? |  |  |  |  |
| Has the employee been informed that they should relax their shoulders when viewing the screen? |  |  |  |  |
| **4. Communications** |  |  |  |  |
| Is a headset/speaker or microphone provided for communication? |  |  |  |  |
| Are arrangements in place to consult with employees and for them to report issues for example accidents, health related issues, workload, faulty equipment, working hours? |  |  |  |  |
| **5. Keyboard/mouse** |  |  |  |  |
| **Control** | **Yes** | **No** | **N/A** | **Comments / Follow Up Actions** |
| Is the laptop/PC connected to an external keyboard and mouse? |  |  |  |  |
| Is a neutral wrist posture maintained when typing (for example no bending of the wrist) |  |  |  |  |
| A close-up of a stethoscope on a table  Description automatically generated with medium confidenceSlope angle of the keyboard can be adjusted so as to allow the employee to find a comfortable position. |  |  |  |  |
| Are the mouse and keyboard within easy reach with space provided in front of the keyboard? |  |  |  |  |
| Are wrist rests required? |  |  |  |  |
| 1. **Lighting** |  |  |  |  |
| A picture containing indoor, projector  Description automatically generatedEmployee checks suitable lighting (for example natural, task lighting) is available to take account of the type of work being carried out and their vision. |  |  |  |  |
| Is task lighting available if required? |  |  |  |  |
| 1. **Health** |  |  |  |  |
| **Control** | **Yes** | **No** | **N/A** | **Comments / Follow Up Actions** |
| Are eye and eyesight tests provided as needed? |  |  |  |  |
| Is the employee required to carry out manual handling (If the employee must carry out manual handling activities make sure that employee is trained) |  |  |  |  |
| Has the employee been advised to report any musculoskeletal discomfort? |  |  |  |  |
| Has the employee been advised to change posture frequently and to stand/move at least every 30 minutes? |  |  |  |  |
| Has the employee been advised to avoid back-to-back video calls/online meetings so that they do not sit for extended periods of time? |  |  |  |  |
| Are workdays planned so that work can be varied if possible (for example write up notes, take a call away from desk)? |  |  |  |  |
| Are there arrangements in place for monitoring and keeping in contact with the home worker? |  |  |  |  |
| **8. Heating/ventilation** |  |  |  |  |
| A picture containing device, projector  Description automatically generatedEmployee checks the room is warm enough and has adequate ventilation. |  |  |  |  |
| **9. Electricity** |  |  |  |  |
| **Control** | **Yes** | **No** | **N/A** | **Comments/ follow up actions** |
| Household electrical supply and equipment for example sockets, lighting, RCD, heaters that are not provided by the employer are checked by the employee on a regular basis. |  |  |  |  |
| Is the area around the workstation kept clear of trailing cables and trip hazards? |  |  |  |  |
| Is there an adequate number of sockets available? |  |  |  |  |
| Is portable electrical equipment provided by the employer checked regularly and is unsafe equipment taken out of use (check for frayed wires, signs of burns or melting)? |  |  |  |  |
| 1. **Fire** |  |  |  |  |
| Homeowner checks firefighting and detection equipment regularly and emergency plan is in place in case of fire  (Fire detection and firefighting equipment is the responsibility of the homeowner). |  |  |  |  |
| **11. Additional information** | | | | |
| Findings | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee name: |  | Signature: |  | Date: |  |
| Assessor name: |  | Signature: |  | Date: |  |
| Review date: | | | | |  |

1. Guidance on Working from Home for Employers and Employees, <https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/guidance_on_working_from_home_for_employers_and_employees.html> [↑](#footnote-ref-1)