24 August 2020

**Homeworking interim DSE assessment template**

 Everyone working at home should complete the assessment with their manager

Date of assessment:

Date of next review:

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **Managers Guide** |
| **Workspace**  |
| Are you working from an adequate space or spaces within your home? |  |  | (Detail) |
| During the work day, are you likely to be distracted by others in the home? |  |  | (Detail) |
| **ICT Connectivity** |
| Do you have full access to all ICT connectivity that you would have in your office? |  |  | Confirm the amount of in % |
| Do you have a requirement for any additional software programme to allow extended working from home? |  |  | (Detail) |
| **Work Station** |
| Do you have a desk or table to work from? |  |  | If no, do they have space for this to be provided? |
| Do you have a chair to sit on at your desk or table? Is your lower back supported? |  |  | If no, is there a work chair which can be moved to your home location?  |
| Can you easily reach everything that you need without twisting and straining your upper body? |  |  |  |
| Do you have a separate keyboard and mouse? |  |  |  |
| “If you have a separate keyboard, can you raise your monitor/screen to eye level (either via a stand or by using solid household items such as books)?”   |  |  |  |
| **Display Screen** |
| Is your display screen clear and positioned so there is no glare from a window or light? |  |  | (If no, recommend that they reposition or close blinds) |
| **Fire and Electrics** |
| Are your smoke detectors working and checked regularly, e.g. every month? |  |  | If no smoke detectors, advise that to contact our local Fire Service who can provide free smoke detectors.  |
| Do you switch off equipment when not in use? |  |  | Instruct that ICT work equipment should be switched off at night |
| **Stress and Welfare** |
| Do you sit with a good posture and not hunched over the desk? |  |  | Refer to previous correspondence and reissue as required |
| Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles? |  |  |  |
| Do you have short breaks (5 mins) away from your screen each hour? |  |  |  |
| **Slip / Trip / Fall** |
| Is the floor area around your desk clear of boxes, papers and wires? |  |  | Recommend reorganising |
| **Lone Working** |
| Do you know the name and number of a manager or supervisor who you can get in touch with easily? |  |  | If no, confirm  |
| Do you have a system for regularly checking in with your employer if you are not visibly online each day? |  |  | If no, confirm |
| Is your home kept secure whilst you’re working there? |  |  |  |
| Are important files and laptops kept stored away when not in use? |  |  | If no, discuss arrangements |
| **Employee’s name:** | **Manager’s name:** |
| **Service area:** | **Actions agreed:** |