# Initial REMOTE Working Risk Assessment

This form should be used by the employee to undertake an initial assessment of the suitability of that part of their home which has been identified as the intended location for remote working. It must then be signed by both the employee and the line manager before being submitted to the second manager.

Note: the Health and Safety Department may, subsequent to completion of this form, require a full risk assessment to be arranged. Should this be the case, no remote working can take place prior to the full risk assessment by the Health and Safety Department taking place.

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| --- | --- |
| Name of intended remote worker |  |
| Home address |  |
| Area of home intended to be used as a workplace |  |
| Manager’s name and telephone number/extension number |  |
| Directorate |  |
| Summary of the main duties of the remote worker and what equipment will be used in the home to undertake the role |  |
| Date of Remote Working Suitability Assessment (if applicable) |  |

|  |  |  |
| --- | --- | --- |
|  | Yes/No or N/A | Comments |
| Is the size of the room adequate for the intended purpose and is there sufficient space to move around safely? |  |  |
| Is there a source of natural light? |  |  |
| Can the light be sufficiently controlled by blinds or curtains? |  |  |
| Is the artificial light sufficient for the intended tasks? |  |  |
| Is adequate ventilation available? |  |  |
| Does the heating system provide a comfortable temperature which is appropriate for the tasks? |  |  |
| Is there the ability to ensure confidentiality at all times for both verbal and non-verbal communication including documents and notes. |  |  |
| Is there sufficient secure storage space for the intended range of tasks whilst working? |  |  |
| Are proposed work surfaces large enough for the intended tasks? |  |  |
| Is a suitably adjustable chair available? |  |  |
| Are there sufficient *fixed* electrical sockets to cope with essential electrical equipment? |  |  |
| Are electrical and telephone sockets appropriately located to avoid the need for trailing cables across the room(s)? |  |  |
| Is the work area suitable for any necessary manual handling activities? |  |  |
| Is a suitable smoke alarm fitted and tested regularly? |  |  |
| Is there any requirement for additional health and safety equipment (i.e. footrest, ergonomic keyboard/mouse etc.)? |  |  |

Employee’s signature: Date: / /

Line Manager’s signature: Date: / /