

Coronavirus (COVID-19) home/remote working risk assessment

Name of Operator	Location
Personal ID	Unit
Brief description of role/tasks	Comments/Summary

Item		Y	N	Adjustments to be made	Date action completed
DESK OR WORK SURFACE					
1.1	Is height of surface suitable? (guide 660-730mm)				
1.2	Is surface area adequate for the equipment and work done?				
1.3	Is there adequate knee and foot space under desk?				
1.4	Are there obstacles on or under the desk which restrict movement or change of posture?				
1.5	Does desk surface have a non-reflective finish?				
CHAIR					
2.1	Does chair have: <ul style="list-style-type: none"> - 5 castor base - full swivel facility - adjustable seat height - back rest with adjustable height - adjustable tilt - adequate lumbar support? 				
2.2	Can user/operator show how they adjust the chair fully?				
2.3	Is chair in good working order and undamaged?				
SCREEN					
3.1	State screen size in next box				
3.2	Is screen free from glare and reflections and kept clean?				

3.3	Does screen tilt and swivel?				
3.4	Is image stable and free from flickering?				
3.5	Are screen brightness and contrast separately adjustable?				
3.6	Are characters on screen well defined and of adequate size?				
KEYBOARD					
4.1	Is keyboard separate from screen?				
4.2	Are keyboard symbols clearly legible?				
4.3	Is there sufficient space in front of the keyboard to provide support for hands and wrists when keying?				
4.4	Can keyboard be angled to achieve a slight tilt?				
PERIPHERALS					
5.1	Is telephone used frequently?				
5.2	Would a headset help?				
5.3	Is much copy typing done?				
5.4	Would a document holder be beneficial?				
5.5	Are frequently used items within comfortable reach of user?				
5.6	Is there much work using a mouse?				
5.7	Is a footrest needed for the user to achieve the correct seated position?				
IMMEDIATE WORKING ENVIRONMENT					
6.1	Is there sufficient space around the workstation to allow easy passage without obstruction?				
6.2	Are electrical cables and other wires in good condition, tidy, not creating tripping hazards?				
6.3	Are temperature, ventilation and humidity satisfactory?				
6.4	Is artificial lighting adequate?				
6.5	Are adjustable blinds provided for sunny windows?				
6.6	Is there adequate storage space for essential materials?				
6.7	Is there undue distraction from noise, passers by, or any other factor?				

OPERATOR FACTORS					
7.1	Does operator adjust equipment correctly and adopt the recommended posture for keying? (observe!)				
7.2	Does operator's height suggest that non-standard furniture may be necessary?				
7.3	Is the back support of the chair being used?				
7.4	Can the operator sit "square-on" to the screen and keyboard?				
7.5	Are operator's hands deflected at the wrists when keying?				
7.6	Has the operator had an eye and eyesight test? If so, state date of last test in final column				
7.7	Can the operator adjust all the adjustable features on their screen? (brightness, contrast)				
7.8	Does the work regime allow for adequate breaks and changes of activity?				
7.9	Does operator take recommended micro-breaks when keying?				
7.10	Has operator any problems with the software they use?				
7.11	Does operator feel stressed by work for whatever reason?				
7.12	Does operator suffer from any pain or discomfort they believe is due to DSE use?				
7.13	Does operator use DSE at home?				
7.14	If "yes" to 7.13, is use for work, leisure or both?				