**Home working health and safety risk assessment**

To be used if the corporate e-form isn’t available.

**Part A - employee completes**

This risk assessment is not appropriate for full-time home working. If you’re considering doing this you **must** consult the Health and Safety Team for further information. You can contact us by email employee.healthandsafety@derby.gov.uk or by phone on 01332 **640748**.

You must review this assessment with your manager **at least every two years** or sooner if circumstances change.

|  |  |
| --- | --- |
| **Employee details** |  |
| Name |  |
| Directorate and Department |  |
| Employee numberIf you don’t know this, please give your date of birth. |  |
| Work location |  |
| Phone contact numbers |  |
| Work email address |  |
| **Question** | **Yes / No** |
| **Do you have a fully adjustable chair?**Under the law, this means:* the seat must be adjustable in height
* the seat back must be adjustable in height and tilt.

**Note:** while a fully adjustable chair is a general requirement, some employees' health conditions may mean they cannot or should not use one. If you feel this is the case for you, select ‘no’ and use the further details comments box further down the form to explain. This will give your manager the information they need to evaluate and sign off the assessment appropriately, taking your personal needs into account. |  |
| **Do you have a suitable worksurface that allows you to work comfortably?**Under the law, this means it must be large enough to give you the space you need for:* all the different tasks you’ll be doing
* the equipment and documents you need while working
* resting your hands and arms.
 |  |
| **Do you have a separate keyboard and mouse?**Under the law, if you’re using a laptop, notebook or other portable device for more than ***30 minutes*** at a time, you should have a separate keyboard and mouse to help prevent musculoskeletal problems. |  |

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| **Question** | **Yes / No** |
| **Do you have a screen that’s large enough to allow you to work comfortably?**Under the law, the screen and the characters or images on it need to be large enough for you to do your work comfortably. |  |
| **Have you completed the corporate DSE e-learning course within the last two years?** Under the law, you must be provided with suitable training to allow you to work safely. The Council has developed a short [e-learning course](http://www.derby.gov.uk/apps/hstraining/dse/player.html) to cover this requirement. You can find the course on our H&S pages on iDerby and the Council’s website. If you use display screen equipment, you must complete this course **every two years**. |  |
| **Date** **e-learning completed** (dd/mm/yy)**\_\_/\_\_/\_\_\_\_** |
| **Can you confirm that any health conditions you have are unlikely to affect your ability to carry out home working safely?** Some examples might be epilepsy or pre-existing musculoskeletal disorders.Under the law, you are considered to be ‘at work’ even though you’re working at home. This means you and your manager need to discuss any special arrangements or adjustments needed to make sure your health and safety is not put at risk. If you need advice on work-related health issues make a referral to Occupational Health. Follow the current referral process outlined on [iDerby](https://iderby.derby.gov.uk/occupational-health-and-safety/ohs/). |  |
| **Use this space for any further details you wish to add.****Remember that answering ‘no’ to any question above may mean you won't be able to work at home.** |

**Employee declaration**

I understand that by signing off this assessment I have:

* answered the assessment questions truthfully
* read and understood H&S guidance that supports this assessment and outlines my responsibilities as a remote worker
* agreed to follow the safe working procedures within the H&S guidance
* read and understood the relevant IT/data security policies that support home working.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Assessment date**(dd/mm/yy) | \_\_/\_\_/\_\_\_ |

Now send or give this form to your manager.

**Part B - manager completes**

|  |  |
| --- | --- |
| **Manager's details** |  |
| Name |  |
| Directorate and Department |  |
| Employee number |  |
| Work location |  |
| Contact numbers |  |
| Work email address |  |
| **Manager’s evaluation and declaration** | **Yes / No** |
| Based on the employee declarations in this assessment and my own knowledge of them, I agree there is no obvious health and safety reason why they cannot work at home. |  |
| **If you answered ‘no’ and feel you cannot authorise home working on the grounds of health and safety, give your reasons here. Remember that a copy of this form must be sent to the employee and the Health and Safety Team.** |
| Manager’s name |  |
| Assessment / declaration date: \_\_/\_\_/\_\_ | Assessment review date: \_\_/\_\_/\_\_Remember this must be at least every two years or sooner if circumstances change. |

**Now send copies to:**

* the employee
* the Health and Safety Team - employee.healthandsafety@derby.gov.uk.

Don’t forget to keep a copy for your records.

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