

	<h1>Remote Working at Home Self-Assessment</h1>	CFS 093	Issue No: 03
		Issue Date 17/09/2020	Page 1 of 1

'Remote working is a way of working 'at a distance', using information technology (IT) to allow employees to undertake work away from the employers' premises. As a remote worker, you are required to complete this self-assessment of your home working environment so that it can be then reviewed by line management, and where applicable and/or possible associated corrective actions but in place.

Section A – General Work Environment	Yes	No
1. There is appropriate lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>
2. There is no glare from windows and if required I can close the blind/curtain to eliminate glare?	<input type="checkbox"/>	<input type="checkbox"/>
3. The room has appropriate heating and ventilation to ensure a comfortable work environment throughout the year?	<input type="checkbox"/>	<input type="checkbox"/>
4. There is minimal noise disruption in my work area from traffic, machinery or family members?	<input type="checkbox"/>	<input type="checkbox"/>
5. There is minimal distraction during the course of my work from others in or adjacent to my work area?	<input type="checkbox"/>	<input type="checkbox"/>
6. There is enough room around my desk and chair to enable me to work safely?	<input type="checkbox"/>	<input type="checkbox"/>
7. There are ample electrical sockets in my work area for the equipment that I use?	<input type="checkbox"/>	<input type="checkbox"/>
8. There is ample storage space available for the materials associated with the work that I do?	<input type="checkbox"/>	<input type="checkbox"/>
9. All items can be stored or moved safely without risk of injury to my back?	<input type="checkbox"/>	<input type="checkbox"/>
10. There are no slip or trip hazards associated with my work area, i.e. electrical cables, storage boxes, etc?	<input type="checkbox"/>	<input type="checkbox"/>
11. The risk of fire is extremely low and in the event of a fire I have an escape plan?	<input type="checkbox"/>	<input type="checkbox"/>
12. My work area provided sufficient privacy for the work that I engage in?	<input type="checkbox"/>	<input type="checkbox"/>
13. I have appropriate arrangements in place for the protection of sensitive data (personal/commercial)?	<input type="checkbox"/>	<input type="checkbox"/>
Section B – Work Environment (Ergonomics)	Yes	No
1. The desk is large enough and at the correct height for me to do my work safely	<input type="checkbox"/>	<input type="checkbox"/>
2. The chair is adjustable so as to ensure that I can position it correctly in order to do my work safely?	<input type="checkbox"/>	<input type="checkbox"/>
3. When sitting at the desk, my feet are firmly on the floor or I place my feet on a foot stool?	<input type="checkbox"/>	<input type="checkbox"/>
4. My computer screen is setup correctly so that the top of the screen is level with my eyes?	<input type="checkbox"/>	<input type="checkbox"/>
5. My Laptop has a riser to enable it to be positioned so that the top of the screen is level with my eyes?	<input type="checkbox"/>	<input type="checkbox"/>
6. I have a cordless keyboard and mouse that can be positioned within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>
Section C – Work Environment (Self Care)	Yes	No
1. I have no difficulty managing the hours I work and ensuring a good work life balance?	<input type="checkbox"/>	<input type="checkbox"/>
2. I am not working as a lone worker as there are individuals in close proximity to me when I work?	<input type="checkbox"/>	<input type="checkbox"/>
3. I am aware of how to get help and assistance when I require it?	<input type="checkbox"/>	<input type="checkbox"/>
4. I do not have any concern for my personal safety or security when remote working from home?	<input type="checkbox"/>	<input type="checkbox"/>
Section D – Please enter in any additional comments or concerns that you may have in relation to remote working.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Signature: _____ Date: _____

Date Received: _____

Received by Employer's Representative: **Print:** _____ **Signature :** _____

Review Comments & Status:

