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Name of remote worker: _____

Date: _____

Address, location, phone number: _____

Work activity: _____

Name of assessor: _____

Date of next review: _____

Assessment checklist for remote working

| | Yes/No | Management action required? | Yes/No |
|--|--------|-----------------------------|--------|
| 1 - ENVIRONMENT | | | |
| Does the employee need additional task lighting? | | | |
| Do lighting or windows cause glare on their monitor? | | | |
| If windows cause glare, are curtains or blinds provided? | | | |
| Does the employee find the heating and ventilation acceptable? | | | |

| 2 - ELECTRICAL | | | |
|---|--|--|--|
| Is the fixed electrical system in good condition (eg no damaged sockets or wiring)? | | | |
| Are there enough sockets? | | | |

| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Does the employee know the arrangements for ensuring portable appliances are maintained safely and how to check them visually for faults? | | | |
| Are there any faults on existing portable electrical equipment? | | | |

| 3 - FIRE | | | |
|--|--|--|--|
| Are flammable materials (e.g. paper) and ignition sources (e.g. cigarettes) kept to a minimum? | | | |
| Do you have an escape plan in case of fire? | | | |
| Is there a smoke detector or fire alarm that is regularly checked? | | | |

| | Yes/No | Management action required? | Yes/No |
|--|--------|-----------------------------|--------|
| 4 - WORKSPACE & STORAGE | | | |
| Is there enough space for the employee to work comfortably? | | | |
| Does the work area provide enough privacy and freedom from disturbances? | | | |
| Does the employee have enough storage space? | | | |
| Is there adequate segregation from non-workers (eg children, pets)? | | | |
| Are there any slip or trip hazards? | | | |

| 5 - MISCELLANEOUS | | | |
|---|--|--|--|
| Are there any concerns about managing working hours, workload or work-life balance? | | | |
| Is the employee aware of arrangements for managing road risk? | | | |
| Is the employee aware of arrangements for lone working? | | | |

| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Is the employee aware of arrangements and requirements for communication and reporting to the office base? | | | |
| Is the employee aware of how to get help on using computers or other equipment? | | | |
| Does the employee have to carry out significant manual handling? (If yes, you need to carry out a manual handling assessment) | | | |
| Are there any security concerns? | | | |
| Are there any other concerns? (Please specify) | | | |

| 6 - WORKSTATION AND COMPUTER USE | | | |
|--|--|--|--|
| Does the employee know how to set up the workstation and chair for safe use? | | | |
| Is the screen clear, readable and flicker-free? | | | |

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| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Are the brightness and contrast adjustable and does the employee know how to adjust them? | | | |
| Are the employee's eyes level with the top of the screen? | | | |
| Is the keyboard tiltable and is there space in front of it to rest hands when not typing? | | | |
| Are the screen, computer and keyboard kept clean? | | | |
| Is the chair adjustable and has it been adjusted to suit the employee's needs? | | | |
| Does the employee need a footrest? (Are the feet not flat on the floor when the chair is adjusted to the right height for typing?) | | | |
| Is there enough legroom for free movement? | | | |
| Are equipment and papers within easy reach? | | | |

| | Yes/No | Management action required? | Yes/No |
|--|--------|-----------------------------|--------|
| Is there enough space on the desk for work? | | | |
| Is the mouse or input device suitable? | | | |
| Does the employee need a document holder? | | | |
| Does the employee take adequate breaks from computer work? | | | |
| When using the computer, does the employee get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back? | | | |
| Do the symptoms persist after the employee has stopped working on the computer? | | | |
| Does the employee regularly suffer from blurred/poor vision, red/sore/dry eyes or headaches while using the computer? | | | |

| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| 7 - LAPTOPS | | | |
| Does the employee need a screen, keyboard, mouse or docking station? (These will be needed if the laptop is regularly used for long periods) | | | |
| Does the employee need a rucksack or trolley bag to transport the laptop? | | | |
| Is the employee over-reliant on handheld devices or smartphones for written communication? Do they need a full-size laptop or desktop computer? | | | |
| Are there any other concerns? (Please specify) | | | |
| When using the computer, does the employee get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back? | | | |

If the employee fills in this form and the supervisor does not personally see the office, it's a good idea to attach a photograph or plan of the room showing the workstation and where the windows, doors and sockets are.

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Feedback checklist for remote workers

| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Have you read and understood your organisation's policy and safe working procedures relating to remote working? | | | |
| Are you happy with the arrangements for communicating with your manager or other team members: - face to face? - by telephone? - by email or post? | | | |
| Do you have good access to organisational information (eg by email, intranet, newsletter)? | | | |
| Have you been trained or instructed on the health and safety risks associated with remote working? | | | |

| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Has a risk assessment been done for your workstation, work environment and activities? | | | |
| Have you been given guidance on: - health and safety when working at home? - safe set-up and use of your workstation (including laptops)? - how to use appropriate software? - troubleshooting and maintenance of equipment? - safe lifting and handling of work equipment? - working alone? - safe driving? | | | |

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| | Yes/No | Management action required? | Yes/No |
|---|--------|-----------------------------|--------|
| Do you take regular breaks from computer work? | | | |
| When travelling alone, do you regularly contact the office or a 'buddy' to let them know you are safe? | | | |
| Do you regularly inspect the safety of your workstation and equipment and provide feedback to your manager? | | | |
| Do you have any concerns about managing your working hours, workload or work-life balance? | | | |
| Do you know how to report work-related accidents or ill health? | | | |
| Do you know how to report health and safety concerns? | | | |
| Please detail any health and safety concerns you would like to raise now. | | | |

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