



BRADFIELD PARISH COUNCIL

Clerk to the Council: Mrs Marie Snell

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Home-working Risk Assessment

Name of Home Worker:	Marie Snell		
Dept & Contact number:	07851760264 (07929620328 – Not for Public)		
Type of work activity:	Parish Clerk/RFO/Proper Officer		
Date of assessment:	16 th January 2025		
Duration of home working:	Regular 18 hours per week	Occasional Extra hours for training and overtime as required	Part-time

Hazard Checklist

Working environment of area where home-working takes place	
Is there sufficient ventilation, can windows be opened without risk to employee or others?	YES
Is there sufficient lighting for the task?	YES
Is there sufficient heating? Are heating systems/ portable heaters maintained in good working order? <i>(Gas appliances must be maintained by a Gas Safe (previously CORGI) qualified engineer)</i>	YES
If portable heaters are used are these positioned to prevent toppling and away from combustible materials?	YES
Is there sufficient space for all the furniture & equipment used? (There should be at least 3.7 sq metres)	YES
Is flooring in good condition and free from trip hazards?	YES
Is there sufficient safe & secure storage space for equipment and documents used?	YES
Is the work area subject to noise at a level which is likely to affect the employee's concentration?	NO
Electrical safety	
Is the fixed electrical system in good condition e.g. no signs of scorching or arcing on sockets?	YES
Are there enough sockets to prevent overloading?	YES

If extension leads are used are these the fused and switched type? <i>(Cables and extension leads should be positioned so that they are not subject to excessive wear or damage and do not present a trip hazard)</i>	N/A
Is electrical equipment used for home working in good condition and free from any visual faults?	YES
Does the employee undertake visual checks of electrical equipment to identify any obvious faults such as worn or damaged leads or plugs?	YES
Safe Posture	
Has the employee received training/information on how to set up their workstation to avoid poor posture?	YES
Does the chair used provide sufficient lumbar support?	YES
Can the chair be adjusted so that the employee can sit with their shoulders in a relaxed position and their elbows at a 90-degree angle, with the upper arms vertical and forearms horizontal whilst keying and using the mouse?	YES
Is the work surface of a sufficient size to accommodate all the equipment to be used?	YES
Is there sufficient space in front of the keyboard for the employee to rest their hands in between keying?	YES
Does the employee have to read/refer to/copy from documents placed flat on the desk? <i>(This is likely to lead to awkward neck movements and should be avoided by using a document holder.)</i>	YES
Is there sufficient space below the work surface for the employee's legs to enable them to stretch and change position?	YES
Can the employee's feet rest on the floor or do they need a footrest?	YES
If the employee has to use a laptop do they use a docking station?	YES
Is the employee likely to regularly use the telephone whilst using the keyboard or mouse? <i>(If yes, a headset should be provided).</i>	NO
Is the employee aware of the importance of taking regular breaks from computer based work before fatigue sets in?	YES
Has the employee experienced pain or discomfort when using the computer at home?	NO
Visual fatigue	
Is the screen positioned at the correct height and viewing distance? <i>(The employee's line eye-line should be just below the top of the screen and the screen should be positioned directly in front of the user at approximately an arm's length away).</i>	YES
Is the screen free from glare or reflections? <i>(Ideally the screen should be at right angle to windows, windows should be provided by blinds or curtains to prevent glare from falling onto the screen.)</i>	YES

Is the screen free from flicker & are images clear & stable? (ITS can advise how to adjust the settings to suit the needs of the user)	YES
Has the employee had a recent eye-sight test?	NO
Has the employee suffered from headaches or visual discomfort when working at the computer at home?	NO
Stress	
Is there sufficient segregation from disruptions e.g. children, pets, other family members?	YES
Are there arrangements for keeping in contact with the home worker?	YES
Are there arrangements in place to conduct regular supervision/ personal development reviews with the home worker	YES
Is support / advice readily available to the home worker to deal with either IT problems or other specific work queries?	YES
Does the home worker have access to sufficient training, information & instruction to enable them to undertake their work safely?	YES
Emergency arrangements	
Does the accommodation used for home working have a smoke alarm?	YES
Has the home worker identified what they will do in the event of a fire? (They should plan their escape route and what they would do if the route was unavailable due to fire/smoke, e.g. having to tools to break double-glazed windows etc.)	YES
Has the home worker got access to a first-aid kit?	YES

Action taken by employee to address any issues
None at present.
Action taken by manager to address any issues
None at present.

Date for review of assessment:

January 2026