

An tÚdarás Sláinte agus Sábháilteachta Health and Safety Authority

Occupational
Safety and Health
Guidance on
Remote Working

CHECKLIST





Safety, Health, and Welfare at Work **Assessment Checklist for Remote Working**

When completing the assessment, the employee's interaction with the workstation should be examined (for example, duration spent at the workstation and workstation location), and account taken of the work activities. The assessment should consider Part 2, 3 and 4 of the Act² and the requirements in the General Application Regulations.³

It is the employer's responsibility to ensure, as far as reasonably practicable, the safety, health and welfare of employees. The employer has a duty to provide safe systems of work and to manage

employees' safety, health, and welfare both when they are in the workplace and when they work remotely. Employers should ensure that the system of work for those who work remotely is reasonable.

NOTE:

- It is the employer's responsibility to proactively ensure that the remote work assessment is completed for each employee by a suitably trained and competent person. The remote work assessment can be carried out virtually through the use of webcam or other visual media device
- Additional controls if identified during the assessment can be added to Sections 3, 4 and 5 and any other relevant information can be added to Section 7 of the checklist. Step 1 - Work activity

Identify who is working remotely, the type of work to be undertaken remotely, and what equipment or resources are required.

| Section 1 - Employee | e information |
|----------------------|---------------|
| Name: | |
| Location: | |
| Job Title: | |
| Work Activity: | |
| Assessor: | |
| Manager: | |

Section 2 - Work equipment

Where an employer provides work equipment such as computers, laptops, display screens, keyboards, chairs or desks, they are responsible for maintaining the work equipment provided. Where an employee uses their own work equipment, the employer is responsible for ensuring that work equipment is suitable to meet the requirements for the employee's safety and health.

^{1.} Safety, Health and Welfare at Work Act 2005 (Number 10 of 2005)

^{2.} S.I. No. 299 of 2007 Safety, Health and Welfare at Work (General Application) Regulations 2007 Chapter 5 and Schedule 4 Minimum Requirements for all Display Screen Equipment which includes information on the monitor, keyboard, and work desk.

| Work Equipment | by: | iii use | Remote Work | for Undertaking Remote Work |
|-----------------------------|-----|---------|-------------|-----------------------------|
| Desk | | | | |
| Chair | | | | |
| Laptop | | | | |
| Desktop Computer | | | | |
| Display Screen (Monitor) | | | | |
| Keyboard | | | | |
| Mouse | | | | |
| Task Lighting | | | | |
| Docking Station | | | | |
| Document Holder | | | | |
| Footrest | | | | |
| Wrist Rest | | | | |
| Mobile Phone | | | | |
| Headset | | | | |
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| Further information | | | | |
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Step 2 - Remote work assessment

The assessment of the hazards and risks at the place of work needs to take account of the:

- Work environment,
- Workstation including display screen equipment (DSE) and work equipment,
- Employee health and welfare, including sensitive risk workers and those with disabilities, and
- Communication and incident reporting.

Section 3 - Work environment

Work environment means the place where work is carried out (for example, in a domestic setting, remote working hub or other location) and environmental conditions associated with the place of work. Certain hazards may be relevant depending on the place of work or work activity. For more information visit www.hsa.ie.

| Controls | Yes | No | N/A | Notes | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------|--|--|--|--|
| Place of work | | | | | | | | |
| Is the place of work suitable for the work to be undertaken, and is it safe? | | | | | | | | |
| Lighting | | | | | | | | |
| Is suitable lighting (for example natural, task lighting) available for the type of work being carried out and the employees' vision? | | | | | | | | |
| Is additional task lighting required? | | | | | | | | |
| Heating and Ventilation | | | | | | | | |
| Can temperatures be regulated? (For most people an acceptable temperature for office work lies within the range of 18°C to 23°C). | | | | | | | | |
| Is there adequate ventilation in the workplace? Ventilation can be regulated naturally (window or door) or mechanically. | | | | | | | | |
| Electricity | | | | | | | | |
| Is the employee aware that they should check and advise their employer of any defects? | | | | | | | | |
| Is electrical equipment provided to employees used correctly, checked for frayed wires, signs of burns or melting, and is unsafe equipment taken out of use? | | | | | | | | |
| Is there an adequate number of sockets available? | | | | | | | | |

| Safe Access | | | | | | | | |
|--------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Is there safe access to and from the remote workplace? | | | | | | | | |
| Emergency Planning | | | | | | | | |
| Is there a plan in place in case of an emergency? | | | | | | | | |
| Housekeeping | | | | | | | | |
| Is the workstation area clear of trailing cables and other trip hazards? | | | | | | | | |
| Is the employee made aware to keep the area clear? | | | | | | | | |
| Additional Identified Controls | | | | | | | | |
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Section 4 - Workstation including Display Screen Equipment (DSE) and work equipment

Workstation - means an assembly comprising of display screen equipment, which may be provided with a keyboard or input device, software or a combination of the following:

- · Work chair, work desk or work surface; and
- Other work equipment or peripherals. For example, footrest, document holder, docking station.

The employer is responsible for providing and maintaining work equipment identified for the work such as computers, monitors, keyboards, chairs, desks etc., or equipment identified following a risk assessment.

NOTE: Employees can use their own equipment if deemed suitable.

| Controls | Yes | No | N/A | Notes | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------|--|--|--|--|
| Desk and Workstation | | | | | | | | |
| Is there enough knee clearance underneath the workstation? | | | | | | | | |
| Is there enough space to allow the employee to change position and vary movements? | | | | | | | | |
| Is the area clutter free so that the employee can focus easily on the task? | | | | | | | | |
| Is a document holder required to read documents? | | | | | | | | |
| Chair | * | | | | | | | |
| Is the chair provided stable, adjustable in height, allows freedom of movement, and provides lower back support? | | | | | | | | |
| Is the chair set up so that the forearms are level with the desk? | | | | | | | | |
| Does the chair have a back rest which is adjustable in height and has the employee been advised to sit back in their seat in order to get good lumbar support? | | | | | | | | |
| Is the chair provided adjustable to allow feet to rest flat on the floor or is a footrest supplied? | | | | | | | | |
| Is a footrest required? | | | | | | | | |

| Display Screen | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Is the screen positioned to avoid glare and reflection (for example, sit at 90 degrees to a window to avoid glare)? | | |
| Can the screen swivel and tilt easily? | | |
| Is the screen positioned so that the top of the screen is at eye level or slightly below and avoids sustained bending of the neck? | | |
| Is the screen free of reflective glare and are reflections liable to cause discomfort? | | |
| Is the screen set up at a comfortable distance (for example, arm length away)? | | |
| Is the image on the screen stable with no flickering? | | |
| Are the characters on the display screen well defined, clearly formed of adequate size and with adequate spacing? | | |
| Has the employee been informed that they should relax their shoulders when viewing the screen? | | |
| Keyboard and Mouse | | |
| Is the laptop or PC connected to an external keyboard and mouse? | | |
| Is a neutral wrist posture maintained when typing (for example, no bending of the wrist)? | | |
| Can the slope angle of the keyboard be adjusted to allow the employee to find a comfortable position? | | |
| Are the mouse and keyboard within easy reach and is space provided in front of the keyboard? | | |
| Are wrist rests required? | | |
| Musculoskeletal | | |
| Has the employee been advised to change posture frequently and to stand and move at least every 30 minutes? | | |
| Has the employee been advised to avoid back- to-back video calls or online meetings so that they do not sit for long periods of time? | | |

| Does the employee get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back area when using the workstation? | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------|--|--|--|--|--|--|--|
| Communication | | | | | | | | | | | | |
| Is a headset / speaker or microphone provided? | | | | | | | | | | | | |
| Is a headset / speaker or microphone required for communciation? | | | | | | | | | | | | |
| Manual Handling | | | | | | | | | | | | |
| Is the employee required to conduct manual handling while remote working? (If yes, has that employee been trained)? | | | | | | | | | | | | |
| Eye Examinations | | | | | | | | | | | | |
| Have employees who use DSE been informed of the provisions for eyesight testing and how to avail of eyesight testing? | | | | | | | | | | | | |
| Are eye and eyesight tests provided as needed? | | | | | | | | | | | | |
| Does the employee regularly suffer from blurred or poor vision, sore eyes or headaches while | | | | | | | | | | | | |
| using the display screen equipment? | | | | | Other Considerations | | | | | | | |
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| Other Considerations Has the assessment of workstation including display screen equipment (DSE) and work equipment considered the needs of sensitive | | | | | | | | | | | | |
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Section 5 - Consultation, communication and incident reporting

Maintaining good consultation and communication with remote workers helps determine whether the safety and health arrangements are working.

Keeping good records, reviewing and following up on corrective actions ensures a safe remote work environment.

| Controls | Yes | No | N/A | Notes | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|-------|--|--|--|--|
| Consultation and Communication | | | | | | | | |
| Are arrangements in place to consult with employees? | | | | | | | | |
| Are there arrangements in place for keeping in contact, and is the employee informed of these? | | | | | | | | |
| Is there an established means of contact for communicating and providing updates (for example, via phone, web or email as required)? | | | | | | | | |
| Can employees report safety and health issues (for example, health related issues, workload, faulty equipment etc.)? | | | | | | | | |
| Are arrangements in place to report psychosocial issues (for example, work related stress, difficulties maintaining boundaries between home and work, social isolation, managing change in work, bullying etc.)? | | | | | | | | |
| Incident Reporting | | , | , | | | | | |
| Has the employee been advised of the procedures for reporting any work-related incidents, (for example, musculoskeletal discomfort)? | | | | | | | | |
| Additional Identified Controls | | | | | | | | |
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| Date of Next Review: | |
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| Section 7 - Additional information or notes | |
| Additional Notes: | |

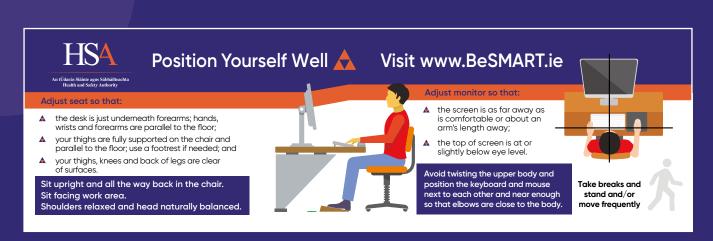
| Additional Notes. | |
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