| Appendix 4: Self-Assessment Checklist for Agile working | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Employee:** | | | | | **Address, location, phone number** | | |
| **Job Title:** | | | | |
| **Name of line manager:** | | | | |
| **Date of self-assessment:** | | | | | **Date of next review:** | | |
| **Line Manager** | **Further action required: Yes/No** | | | **Follow up action completed on (date)** | | | |
| Please complete the attached checklist which is designed to enable you to carry out a self-assessment of your agile working. Your views are essential in order to enable us to achieve our objective of ensuring your comfort and safety at work. Please tick the answer that best describes your opinion, for each of the questions listed.  Once completed, this form should be held by the manager for regular reviews with a copy held on the individual’s personal file | | | | | | | |
| **Working Environment** | | | **Yes / No** | | **Management Action required** | | **Date of action** |
| Have you read and understood the Agile Working Guidance? | | |  | |  | |  |
| Is there sufficient ventilation, can windows be opened without risk to employee or others? | | |  | |  | |  |
| Have you checked the lighting necessary and made any adjustments as appropriate? | | |  | |  | |  |
| Is there sufficient heating? Are heating systems/ portable heaters maintained in good working order? | | |  | |  | |  |
| If portable heaters are used are these positioned to prevent toppling and away from combustible materials? | | |  | |  | |  |
| Is the fixed electrical system and existing portable electrical equipment both in good condition e.g. no signs of scorching or arcing on sockets? | | |  | |  | |  |
| Is there a smoke detector or fire alarm that is regularly checked? | | |  | |  | |  |
| Is there sufficient space for all the furniture & equipment used? | | |  | |  | |  |
| Does the work area provide privacy and freedom from disturbances? | | |  | |  | |  |
| Are there any slips or trip hazards? | | |  | |  | |  |
| Are you aware of how to get help on using computers or other equipment? | | |  | |  | |  |
| Are there any security concerns? | | |  | |  | |  |
| Do you know how to set up the workstation and chair for safe use? | | |  | |  | |  |
| Are you able to take adequate breaks from computer work? | | |  | |  | |  |
| When using the computer, do you get aches, pains, tingling or pins and needles in the hands, arms, shoulders, neck or back; blurred / poor vision; red, sore or dry eyes; or headaches? | | |  | |  | |  |
| **Individual and team working arrangements** | | | | | | | |
| Are there any concerns about managing working hours, caring responsibilities, workload or work– life balance? | | |  | |  | |  |
| Are you aware of / happy with arrangements and requirements for communication? | | |  | |  | |  |
| Do you know how to report work-related accidents or ill health? | | |  | |  | |  |
| Do you know how to report health and safety concerns? | | |  | |  | |  |
| Are there any other concerns? Please specify. | | |  | |  | |  |
| Declaration by user  I, confirm that I have undertaken this self-assessment of my agile/home working venues and that:   * + The responses recorded on this form are correct; and   + I understand that I should report any health concerns that I may have in connection with agile working to my line manager at the earliest possible opportunity   I understand that the information provided by me on this questionnaire will be treated in the strictest confidence and will not be released without my consent to any unauthorised person. | | | | | | | |
| **Signature of user** | |  | | | **Date:** |  | |
| **Signature of line manager** | |  | | | **Date:** |  | |

It is recommended, once this assessment has been completed, it should be reviewed by the employee and line manager annually to document and discuss any changes; additionally, if there is a change of circumstance (e.g. move home or working location) then the assessment should be reviewed again.