



Bournemouth Council for Voluntary Service

Registered charity No. – 108381 Company Reg'd in England & Wales No. 4024662

Boscombe Link, 3-5 Palmerston Road, Bournemouth, BH1 4HN

Tel & Fax: 01202 466130

email: contactus@bournemouthcvs.org.uk

14. INDIVIDUAL RISK ASSESSMENT

Name: _____ Date: _____

This self assessment document forms the main part of the workplace risk assessment. It is to be completed by each employee/volunteer, at their place of work, under the control of their Manager. If any of the activities are **not applicable** then a tick should be entered in the N/A column. If the answer to any question is **NO** then comments should be recorded below and action taken by the Manager to resolve the points raised. Improvements that can be made at the time are to take place and the form annotated accordingly. A copy of the completed assessment is to be given to the employee/volunteer and the original held by the Manager. A copy will also be held by the Finance Officer as a record of BCVS's H&S practice. This assessment is to be updated annually or as and when conditions change.

1. EQUIPMENT

| A. Computer – Display Screen Equipment (DSE) | | YES | NO | N/A |
|--|---|-----|----|-----|
| i. | Have you read the HSE leaflet 'Working with VDUs'? | | | |
| ii. | Is the Image on your display screen stable? | | | |
| iii. | Can you adjust the brightness and contrast of the screen? | | | |
| iv. | Does the screen swivel and tilt? | | | |
| v. | Is the screen free from reflective glare? Lighting, windows etc.? | | | |
| vi. | Is the software appropriate for the tasks required? | | | |
| | Remember – your eyes should be level with the top of the monitor screen. This ensures that you are looking slightly down when viewing the monitor, which relaxes the neck muscles. | | | |
| | Remember – the screen should be at arms length away from where you are sitting. | | | |
| | Remember – look away from the screen regularly to allow your eyes to re-focus and blink. | | | |
| | Remember – if you are required to use a display screen as part of your job you are entitled to claim back the cost of an eye test every two years, and for any prescription that an optician may recommend to undertake your work | | | |
| B. Computer – Keyboard (DSE) | | | | |
| i. | Can you tilt the keyboard? | | | |
| ii. | Is there enough space in front of the keyboard to provide support for your forearms? | | | |
| iii. | Is the keyboard clean and in good condition? | | | |
| | Remember – have approximately 10cms (4”) of room in front of your keyboard to rest your wrists during pauses in work. When keying always ensure your forearms remain horizontal, fingers pointing slightly down, with the angle of your wrists kept to a minimum. Wrists should not be supported – wrist-rests are there for when you stop typing - not during! | | | |
| | Remember – vary your activities and take suitable breaks – at least 5 minutes every hour if task involves continual use of the computer | | | |

| C. Work desk or work surface | | YES | NO | N/A |
|------------------------------|---|-----|----|-----|
| i. | Is your desk sufficiently large for the task and does it have a low reflective surface? | | | |
| ii. | If a document holder is used, is it stable, adjustable and positioned to avoid unnecessary head/eye movement? | | | |
| | Remember – there should not be obstructions under the desk to impede your ability to change position and move your feet and legs freely. | | | |
| D. Chair (DSE) | | | | |
| i. | Does your chair have 5 legs and is it on casters? | | | |
| ii. | Is the back of your chair adjustable in both height and tilt? | | | |
| iii. | If you need a footrest (see below) - has one been provided? | | | |
| | Remember – move chair close enough to the desk so that you can reach the keyboard comfortably. | | | |
| | Remember – when seated properly at your desk with the chair at the correct height, your forearms should be horizontal when placed on the desk, your lower leg perpendicular, both legs uncrossed and feet placed on the floor. (If this is not the case you may need a footrest). Never have any undue pressure on the underside of your thighs or on the back of your legs. | | | |
| | Remember – sit well back into the chair with your back upright and relaxed in order to gain best support. Adjust the seat so your hips are just slightly above the level of your knees. | | | |
| | Remember – sitting correctly also means sitting relaxed – do not sit with a strained face and with muscles tense. | | | |
| E. Electrical Equipment | | | | |
| i. | Is the fixed electrical system in your area in good condition? Visual check to see if any damaged sockets or wiring under your desk? If NO then report to the Finance Officer or line manager. | | | |
| ii. | Are there enough sockets for your work needs? | | | |
| iii. | Have all portable mains equipment used by you been PAT tested and marked as such? | | | |
| F. Working at Height: | | | | |
| i. | If you have to use access equipment, as it is known, in the course of your work, are you aware that your manager needs to provide specific training in its safe use? Step-ladders, kick-stools etc | | | |
| ii. | Are you aware that BCVS should also have all access equipment checked annually? | | | |
| iii. | Do you know to avoid using access equipment if it is damaged and who to inform? | | | |
| iv. | Are you aware that you must not use access equipment if you are unwell or on medication? | | | |
| Step-ladders – prior to use | | | | |
| v. | Are you aware that step-ladders are only to be used if absolutely necessary; that two persons must be present, one to steady the ladder and assist with the move of any light items? Only light goods up to a maximum weight of 10kg are to be handled when using step-ladders? | | | |
| vi. | Is a visual check for damage, including the feet, always carried out before the step-ladder is used? | | | |
| vii. | Do you always ensure the step-ladder is fully open, all four feet flat on the ground, and if a locking device is fitted, that it is always engaged? | | | |
| viii. | Do you always check the floor surface is clean and not slippery before placing the step-ladder? | | | |
| Step-ladders – in use | | | | |
| ix. | Are you aware that the step-ladder is to be used only for short duration work – maximum 30min? | | | |
| x. | Do you know not to work off the top step unless you have a safe handhold? | | | |
| xi. | Are you aware that you must avoid working side-on – keep the rungs facing the work activity? | | | |

| | | YES | NO | N/A |
|------|--|-----|----|-----|
| xii. | Are you aware that you should never over-reach? Always make sure that your navel (belt buckle) stays within the stiles and keep both feet on the same rung/step throughout the task? | | | |

2. WORK ENVIRONMENT

| A. Space requirements | | | | |
|----------------------------------|--|--|--|--|
| i. | Is your work area / workstation, designed to provide you with sufficient space to change position and vary movements? | | | |
| B. Lighting | | | | |
| i. | Is the lighting in the workplace / room / storage area, satisfactory? | | | |
| C. Heat & Ventilation | | | | |
| i. | Is the heating and ventilation in your work area adequate for the tasks being undertaken? | | | |
| D. Noise | | | | |
| i. | Is noise in your work area at a reasonable level? | | | |
| E. Manual Handling | | | | |
| i. | Is it correct to say that manual handling does not form part of your normal everyday work? | | | |
| ii. | If manual handling does form part of your everyday work are you provided with a mechanical means of lifting / moving stock / tools / items? | | | |
| iii. | If manual handling does form part of your everyday work have you read the HSE leaflet 'Manual handling at work'? | | | |
| iv. | If mechanical lifting is not possible have you been trained in safe manual handling techniques? | | | |
| v. | If the manual handling training took place more than 3-5 years ago have you received any update training since? | | | |
| F. Fire | | | | |
| i. | Are combustible materials (paper etc) kept to a minimum in your immediate area? | | | |
| ii. | Are you aware that you are not permitted to bring in your own electrical equipment unless it has been properly tested? | | | |
| iii. | Do you know what to do if you come across a fire in your work area? | | | |
| iv. | Are you aware of the position of the fire exits and the routes from there to the fire assembly point, from those areas of the building you would expect to be in, in the event of an evacuation? | | | |
| G. Storage | | | | |
| i. | Do you have adequate, safe storage available at your place of work? | | | |
| ii. | If you are required to carry out additional work at your home location as part of your role, do you feel the home location is safe and adequate for the task? | | | |
| iii. | Is it correct that no hazardous (flammable or toxic) material is ever stored at your place of work? | | | |
| iv. | If this is ever planned, even if the substance is locked in a metal container and the detail recorded on a COSHH record form, will you inform the Finance Officer prior to the event? | | | |
| H. Safe System of Work | | | | |
| i. | Do you feel the safe system of work, in place within your workplace process to minimise the risks from any known hazard, is adequate? | | | |
| J. Safety | | | | |
| i. | Are you aware of what to do if there is a first aid emergency? | | | |
| ii. | Are you happy that all hazards, likely to cause you to trip, hurt yourself or others, or any other safety risk, has been addressed and eliminated? | | | |

| | | YES | NO | N/A |
|-------|---|-----|----|-----|
| iii. | Do you know not to let anyone into the Link office if you suspect they are under the influence of alcohol and/or drugs? | | | |
| iv. | Do you know what to do if you experience violent or aggressive behaviour? | | | |
| v. | If goods and equipment are placed upon shelves, cupboards, filing cupboards etc, in your area, are these secure and stable? | | | |
| vi. | If you use a car on BCVS business do you make sure it is regularly serviced and you regularly check that it is roadworthy? | | | |
| vii. | If using a car on BCVS business are you aware of the need to plan your journey, including taking suitable breaks? | | | |
| viii. | When driving on BCVS business are you aware that you MUST not use a mobile phone, including a hands free set, and avoid distractions such as eating and smoking? | | | |

K. Unfamiliar Work Environments

| | | | | |
|----|---|--|--|--|
| i. | Are risk assessments routinely carried out prior to any work activity/ trip / event taking place or starting in an unfamiliar work environment? | | | |
|----|---|--|--|--|

L. Lone Working

| | | | | |
|------|--|--|--|--|
| i. | You should never have to regularly work alone in an environment that causes you anxiety. Do you feel at ease in your normal work place on those occasions that you may be on your own? | | | |
| ii. | Are you aware that if you are the only person in the Link office that you should not let in unknown callers? | | | |
| iii. | Are you aware that if you have to meet someone for the first time not at the Link office that you should meet them somewhere public? | | | |
| iv. | If you have to meet clients at their home, do you ensure that someone is always aware of where you are, when you are expected back, and that they know what to do if you miss a pre-arranged call or text? | | | |
| v. | Do you have a mobile phone for emergencies when out of the office? | | | |
| vi. | Is there adequate provision for you to be accompanied if you have concerns about meeting a client on your own? | | | |

M. Job Design

| | | | | |
|------|---|--|--|--|
| i. | Are there adequate opportunities for regular breaks in your work activity? | | | |
| ii. | Does your daily work routinely include activities that take you away from the display screen? | | | |
| iii. | Have steps been taken to minimise repetitive or mundane tasks, such as continual data entry? | | | |

N. Stress and Work/Life Balance

| | | | | |
|------|--|--|--|--|
| i. | You should have few concerns about managing working hours, workload or work-life balance. Is this the case? | | | |
| ii. | Have you made your Line Manager aware of any physical, emotional or mental condition that you may suffer from, in order that we can ensure our duty of care obligation to you is properly fulfilled? | | | |
| iii. | Stress can be caused by circumstances in the home, your domestic life or at work. Are you aware of the need to inform your Line Manager if you feel any factor is causing you to be overly stressed at work, and as a result, having an effect on your health or well-being? | | | |
| iv. | Do you have the opportunity to discuss your workload and any concerns with your line manager during supervision? | | | |

O. Reporting

| | | | | |
|------|--|--|--|--|
| i. | Are you aware that you need to take reasonable care of your own health and safety? | | | |
| ii. | Are you aware you should raise any health and safety issues with your line manager or Finance Officer as soon as you become aware of them? | | | |
| iii. | Are you aware you should complete an Accident/near miss form as appropriate? | | | |

COMMENTS

If your answer to any of the previous questions was **NO** then identify the category (e.g. 1Bii or 2Ev) in the first column and write your comments in the second. Your manager should fill in the third column with how they have addressed your concerns. Continue on a separate sheet if necessary.

| Category | Employee/volunteer | Manager |
|----------|--------------------|---------|
| | | |

Next review due

Employee/volunteer signature **Date**.....

Manager signature **Date**.....