## Working at



- This Policy has be required to work fr should be read in Policies.
- 1.2 <<Insert Company responsibilities to Health and Safety a
- 1.3 The Company acc Employee's home, a
  - 1.3.1 the provisior carry out the
  - 1.3.2 the provisior the Employe
  - 1.3.3 the provisior ongoing mer

## 2. General Health and Safet

- 2.1 The overall responthe <<Managi Name>>.<<Insert N has day to day res staff members who
- 2.2 The Company wi homeworking emplo
- 2.3 The Company wil Employee has a sui an adequate standa

## 3. Employee's Duties:

- 3.1 Where reasonable, designated as 'work
- 3.2 The Employee sh throughout each wo
- 3.3 The Employee shou them if they are uns
- 3.4 Equipment provided and must not be u parties for any purp









fety Policy

ers whose employees have been rent Covid-19 pandemic crisis. It ain Company Health and Safety

ny") recognises and accepts its e>> ("the Employee") under the

will temporarily extend to the reasonably practicable:

is necessary for the Employee to

n equipment that is necessary for afe and healthy manner; and

hagers as necessary to ensure the working from home.

fety within the Company lies with Partner/Proprietor>><<Insert n with day to day responsibility>> health and safety which includes

reasonably practicable, that all with their line manager.

reasonably practicable,that the e they can work, and it is set up to

ure that any parts of their home professional standards.

hey take adequate rest breaks eir employment contract.

t with their line managerand notify required to do.

ins the property of the Company Employee's family or other third

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and safety and that whilst they are work 3.6 In order to make : whilst working from 3.6.1 break up lor minutes eve 3.6.2 avoid sitting may include 3.6.3 avoid eye f screen regul This policy will be reviewed as nec Employee Name: < <insert fu<br="">Job: Work location: Date: &lt;<date>&gt; Signature: Employer Name: &lt;<insert fu<br="">Position: Date: &lt;<date>&gt; Signature: Image: Signature: Date: &lt;<date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Date: </date>&gt; Signature: Signature: Signature: Signature: Signature: Signature: Signature</date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></date></insert></date></insert>					
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Signature: Employer Name: < <insert fu<br="">Position: Date: &lt;<date>&gt; Signature:</date></insert>		on:			
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Signature:		lame:	< <insert fu<="" th=""><th></th><th></th></insert>		
			< <date>&gt;</date>		
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asonable care of their own health ome who is affected by their work

achieves a comfortable posture uld:

ork with rest breaks (at least five nges in activity;

regularly changing position – this round; and

us or by looking away from the

ituation changes.