

CAPITA		HOME BASED TRANSLATOR SITE SURVEY		TRN: DATE:
Section 1: Personal Details				
Name		Email		
Home Address		Role		
		Language Pair		
Home Tel No				
Mobile No				
Section 2: About your Property				
Type of Property	<input type="checkbox"/> Terraced <input type="checkbox"/> Semi-detached <input type="checkbox"/> Detached <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat/Maisonette			
No of Bedrooms		No of Rooms including WC's		
Do you own the property		If No, do you have permission to use your home for work		
Section 3: Information Security				
What security measures are in place in your home – e.g. are your exit doors secured by a mortise deadlock and/or security bolts?; are your accessible windows secured by key operated window locks?				
If using a laptop, is this locked away when not in use?			Y N N/A	
Is your computer encrypted and/or protected using a strong password?			Y N N/A	
Are you using a privacy screen when working on translation projects?			Y N N/A	
Is a suitable antivirus and firewall installed on your computer?			Y N N/A	
Do you share logins/passwords with any family members?			Y N N/A	
If using a tablet/mobile devices to access work related emails, are they password protected?			Y N N/A	
Do you log off your computer or lock the screen while temporarily leaving the desktop?			Y N N/A	
Do you make sure that any digital information is securely retained only for the length of time needed to complete the work and afterwards securely destroyed as per instructions provided?			Y N N/A	
Do you make sure you don't write down passwords used and change them frequently?			Y N N/A	
Section 4: Work Equipment and Area				
Which of the following items of Furniture/ Work Equipment do you have <u>currently</u> in your chosen work area	<input type="checkbox"/> Desktop PC		<input type="checkbox"/> Laptop	
	<input type="checkbox"/> Cabinet Space		<input type="checkbox"/> Lamp	
	<input type="checkbox"/> Printer		<input type="checkbox"/> Fax	
	<input type="checkbox"/> Multi Plugs		<input type="checkbox"/> DSE Eqp (e.g. Footrest)	
	<input type="checkbox"/> Desk		<input type="checkbox"/> Chair	
	<input type="checkbox"/> Other (list)			

Is there sufficient space in your designated work area to accommodate the work equipment?	Y/N	Is the suitable working area also used by family members and or visitors?	Y/N
Can you make sure that any required phone communication with the project manager is held in a discreet and confidential manner? (i.e. do not discuss confidential matters within earshot or windows or doors, or in public areas)	Y/N	Do you ensure a 'clean desk' policy at the end of your work shift?	Y/N
Have you received, fully understood, signed and returned the Translator Terms and Conditions, Code of Conduct and Instructions?		Y/N	
Please complete the remaining sections and return completed document to suppliers@capita-ti.com			
Signed		Date	
Section 5: Vendor Management Comments/Action Signature: _____ Date _____			

Translator NAME and TRN:

Sketch below a plan of the ground and upper floors of your home (where indicated) including approximate dimensions. Should your preferred dedicated work area be in a loft or basement please continue on a separate sheet of paper. Use the key below to indicate the location of the various resources:

GROUND FLOOR

- T:** Telephone sockets (please state type e.g. analogue (TA) or digital (TD))
- E:** Electric power outlets (please state whether single (ES) or double (EDB) and whether or not in current use.
- CL** The new communication line to be installed within your preferred work area and within one metre of a power socket

- L:** Lights
- LS:** Light Switches
- F:** Existing desk and storage facilities
- D:** Doors

- W:** Windows
- R:** Radiators
- P:** Preferred location for home office
- A:** Alternative location for home office

Translator NAME and TRN:

FIRST FLOOR

T: Telephone sockets (please state type e.g. analogue (TA) or digital (TD))
E: Electric power outlets (please state whether single (ES) or double (EDB) and whether or not in current use.
CL The new communication line to be installed within your preferred work area and within one metre of a power socket

L: Lights
LS: Light Switches
F: Existing desk and storage facilities
D: Doors

W: Windows
R: Radiators
P: Preferred location for home office
A: Alternative location for home office