

HOMEWORKING – SELF ASSESSMENT CHECKLIST

Thank you for completing this form. It will be used to assist your Manager and the Health and Safety team in ensuring that your working conditions at home comply with current best practice.

Name:	Date of completion:.....
Address:	Business Unit:
.....	Department:

Fire	Yes	No	Comments
Is the work area tidy?			
Are waste materials regularly disposed of?			
Are exit routes clear?			
Do you have an escape plan?			Know exactly what to do in an emergency
Is a smoke alarm fitted?			Alarms should be tested weekly & batteries as required or at least annually
Do you have a suitable fire extinguisher readily at hand?			
Have you been trained how to use it safely?			

Electrical Equipment [either the Councils or your own but used for Council work).	Yes	No	Comments
Any apparent damage?			Cracked casing, missing screws, etc.,
Any evidence of overheating?			Look for discolouration
Any obvious damage to leads or plugs?			
Are the cables secure in all plugs?			

Slips Trips & Falls [Work areas]	Yes	No	Comments
Floor coverings sound, and without defects?			
Are walkways clear of tripping hazards e.g. trailing cables?			
When seated at your desk can you move your legs & upper body together without			

twisting?			
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Working Environment	Yes	No	Comments
Is the temperature comfortable?			
Is the ventilation comfortable?			No drafts.
Do you have adequate lighting, including any necessary task lighting?			

Manual Handling	Yes	No	Comments
Do you carry out any abnormal Manual Handling activities?			
Have you read the Manual Handling Section in the Employees Homeworkers Guide?			If no, please read. This document is available from the Health and Safety manual

Display Screen Equipment	Yes	No	Comments
Do you use DSE for more than an hour a day on a regular basis?			If yes complete a separate DSE self assessment form – available from the Health and Safety manual [guidance on display screen equipment]
Are you aware of the Councils policy on eye tests/provision of glasses for DSE users			If no see guidance in the Health and Safety Manual as above or through the Human Resources Department

Driving	Yes	No	Comments
Do you drive on business?			.
Is your vehicle insured for “business use”?			Check documentation
If required, has your vehicle a valid MOT?			
Do you hold a current driving licence?			

Working Alone	Yes	No	Comments
Have you discussed the need for a call in procedure with your manager?			
Do you carry a mobile phone or phone card?			
Do you require a personal attack alarm?			

Hazardous Substances / Processes	Yes	No	Comments
Will you be expected to carry out any work with hazardous substances?			Other than normal domestic products or low risk commercial items [tipp-ex,

			etc]
If yes, has a COSHH assessment been completed & passed to you for action?			
If yes, have you agreed with your manager on the provision of any personal protective equipment you may need?			

Accidents / first Aid	Yes	No	Comments
Do you know the procedure for reporting any accidents or work related illness?			All work related accidents [including those that take place in your home whilst working] must be reported using the internal reporting procedures [Accident/occurrence forms]
Do you have a first aid kit available when working at home?			

Well-being	Yes	No	Comments
Do you suffer any discomfort or ill health that you believe has resulted from your work?			If yes, report to your line manager &/or the Occupational Health Unit

Security	Yes	No	Comments
Is final exit door secured by mortice deadlock?			
All other external doors similarly secured or by Morticed security bolts?			
Do key operated window locks secure all accessible windows? Laptop and confidential files locked away when not in use?			

Council Supplied Equipment (Please list below)	Serial No.	

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Any other comments you have regarding your working environment, please list here: -

Signature: **Date:**.....

Risk Assessment Completed **Yes** **No**

Line Manager: **Date:**