### Homeworking Risk Assessment

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| Name |  | Manager |  |
| Department |  | Date |  |

**A – To be completed by homeworker**

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| Hazards specific to the task: |
| Hazards specific to the premises: |
| Who may be harmed? (employee, household members, children, etc.): |

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| Assessment Checklist | Yes | No | N/A |
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| **Environment** |
| Is a suitable room temperature easy to maintain? |  |  |  |
| Is there suitable natural or mechanical ventilation available? |  |  |  |
| Is there suitable lighting available? |  |  |  |
| Does the room where work is done have space of at least 11m3 (in total volume)? |  |  |  |
| Is the space available adequate for the tasks carried out? |  |  |  |
| Is the room where work is done secure and lockable? |  |  |  |
| **Electrical** |
| Is there a suitable 13A single phase 240v AC electrical supply available? |  |  |  |
| Is there a sufficient number of outlet sockets available or RCD extension provided? |  |  |  |
| Is electrical equipment routinely tested (PAT) and visually inspected? |  |  |  |
| **Work equipment** |
| Has a Display Screen Equipment (DSE) assessment been completed? |  |  |  |
| Is the work equipment provided suitable for the task? |  |  |  |
| Have you received suitable training in the use of work equipment? |  |  |  |
| Is all the equipment supplied to you in good repair and good working order? |  |  |  |
| Is a Provision and Use of Work Equipment Regulations (PUWER) assessment required? |  |  |  |
| **Fire and emergency** |
| Is there a suitable escape route available? |  |  |  |
| Are all means of access and egress (entrances and exits) suitable and maintained free from obstruction? |  |  |  |
| Is suitable provision for first aid available? |  |  |  |
| Have arrangements for reporting accidents been made clear? |  |  |  |
| **Manual handling** |
| Do heavy/large objects have to be carried up many flights of stairs/long distances? |  |  |  |
| Is a manual handling assessment required? |  |  |  |
| **Hazardous substances**  |
| Are any chemicals used in the task stored safely? |  |  |  |
| Is a Control of Substances Hazardous to Health (COSHH) assessment required? |  |  |  |
| Are hazardous wastes suitably discarded / disposed of? |  |  |  |
| **Personal safety** |
| Where required, is personal protective equipment (PPE) provided and maintained? |  |  |  |
| If you are pregnant or a new mother, has a separate assessment been carried out? |  |  |  |
| Are facilities in place for you to contact someone or raise the alarm in an emergency? |  |  |  |
| **Communication and consultation** |
| Is your line manager expected to make regular contact with you? |  |  |  |
| Are minutes of health and safety meetings made available to you? |  |  |  |
| Are you consulted on health and safety either via a representative or manager? |  |  |  |

**B – To be completed by a manager / supervisor / health and safety coordinator**

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| **The current risk assessment rating is considered to be: Tick** |
| **High risk** | Fatal or major injuries or irreversible health effects to one or more people are highly probable. |  |
| **Medium risk** | Serious injury or ill-health effects are possible. |  |
| **Low risk** | Minor injury or reversible minor health effects may occur. |  |
| **Insignificant** | The activity presents no greater risk than those associated with life in general. |  |

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| **Action required** | **By** | **Priority** | **Timescale** | **Completed** |
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| Manager’s signature |  | Print name |  | Date |  |