

## Homeworkers Workplace Risk Assessment

This assessment checklist is to enable staff working from home and their managers to evaluate the home workplace for health and safety purposes. The form should be completed and returned to your manager. If you can answer YES to all questions, then the workplace should be considered safe and without risk to health. If you have answered NO to any question then your manager must take all reasonable and practicable steps as soon as possible to alter the conditions to achieve a positive reply.

This form is to be completed on the first instance of home working and annually thereafter or whenever there is a change to the situation and answers given below.

<b>Name</b>	
<b>Work location</b>	
<b>Managers name</b>	

Note: questions marked \* do not apply to occasional home workers

		YES	NO
1	If you are transporting company equipment to and from your home by car, does your motor insurance provide the necessary cover when using your car for work purposes?		
2	Are you able to handle and move equipment in a healthy and safe manner to and from your car and into and out of your home? <i>Transport of large desktop computers/printers etc, will be arranged by your manager.</i>		
3	Please state which room is being used for home working purposes. <i>This should preferably be a non-family room, e.g. study or bedroom. Kitchens and rooms generally accessible to small children at home working times should not be used for this purpose.</i>		
4	Do you have safe, clear and easy access to your home workplace?		
5	In the event of a fire can you escape easily and quickly from your home workplace?		
6*	Is a general-purpose dry powder or CO2 fire extinguisher positioned at the entrance to your home workplace and has this been checked to ensure it is still current and operable?		
7*	Has a smoke detector been installed within or adjacent to your home workplace?		
8*	Do you have a suitable desk or table at desk height and an adjustable chair that can be used while working with any of the equipment supplied to you?		
9	Is the working position close to sufficient electric and telecom sockets so that there are no trailing cables crossing the room or doorways?		

10	Are arrangements in place for an authorised and competent person to repair, maintain and safety check furniture and equipment provided by the company? <i>Only relevant on second and subsequent assessments.</i>		
11	Are the following home workplace general health and safety aspects adequate for your needs and can they be easily adjusted to suit your needs?		
	a. Heating		
	b. Ventilation		
	c. Lighting		
12*	Are your filing/storage arrangements safe from hurting you or others?		
13	Does the work involve the use of a laptop?		
	If so, have arrangements been made to provide a docking station or alternative?		
14	Have you received training in computer and workstation health and safety and been briefed on the hazards relating to your working arrangements?		
15	Is your home workplace free from highly flammable or hazardous materials?		
16	Do you consider that your workplace is safe and healthy and without risk to you, your family and others?		
	If not, please explain:		
17	Do you have any comments or observations related to this assessment or the nature of work that you will be carrying out at home?		

**Signed:**

**Date:**

**Please return this form to your manager.**

**Managers comments:**

**Managers signature:**

**Date:**

**Assessment review date:**

Ref (Question No)	Action Required	By Whom	Target Date	Date Completed	Signature