

Home Working Self Assessment Form

Appendix Two C

This self assessment form must be completed by the employee and be a true reflection of the home working conditions. The employee must inform the Manager of any hazards, areas of concern or other issues that may impact on their health and safety or that of others.

Once completed the Manager must review the form and address any issues that are identified by the employee. Please contact the Health, Safety and Resilience Team if you require advice.

This form must be reviewed every 12 months or when there is a change in the working conditions, equipment or workstation location.

Name of User:	
Role / Job Title:	
Line Manager:	
Department and Team:	
Home Address:	
Contact No:	
Category (please circle)	Occasional Permanent/Regular

<p>Home Environment</p> <ul style="list-style-type: none"> ▪ Is there a suitable 'office space' (separate room or dedicated space) available for home working without interruptions or distractions? <p>General Equipment:</p> <ul style="list-style-type: none"> ▪ Is there appropriate furniture or equipment in place to enable the duties of the role to be fulfilled? (For example, telephone, desk / table, chair, filing cabinet / secure storage, personal computer, printer, fax etc). (See Health and Safety Management Arrangements for DSE including laptops). ▪ Are there any further items of furniture or equipment required? i.e. desk, adjustable chair etc. 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Handling Loads:</p> <ul style="list-style-type: none"> ▪ Does the home working activity involve any manual handling of loads? 	<p>Yes / No</p>
<p>Trip Hazards:</p> <ul style="list-style-type: none"> ▪ Are floors and passageways free from obstruction? ▪ Can the workstation equipment be arranged to avoid trip hazards? ▪ Are there any trip hazards within the work area which require action? 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Electrical Equipment:</p> <p>Note: Only equipment provided by the Council should be used. All equipment must be recorded and maintained within a separate asset register.</p> <ul style="list-style-type: none"> ▪ Are there any electrical test labels attached to I.T equipment including extension cables and leads? ▪ Are the electrical items in good condition i.e. cables sheaths free from damage (apart from light scuffing), exposed wires, scorch marks etc? ▪ Have you been provided with a Residual Current Device 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

(RCD) or surge protector?	
<p>Safe Storage:</p> <ul style="list-style-type: none"> ▪ Can all items be securely stored to prevent unauthorised access? ▪ Can items of stationary be stored safely i.e. not on the floor or overhead? 	<p>Yes / No</p> <p>Yes / No</p>
<p>Fire Safety</p> <ul style="list-style-type: none"> ▪ Are waste/combustible materials provided for the work activity stored away from naked flames/electrical equipment? 	<p>Yes / No</p>
<p>Environmental Conditions</p> <ul style="list-style-type: none"> ▪ Does the lighting allow you to carry out your work safely? ▪ Is there enough space to allow for safe movement around the work area? ▪ Are there means of ventilation and heating to ensure a comfortable working temperature suitable for the work being undertaken? 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>Accidents & First Aid</p> <ul style="list-style-type: none"> ▪ Do you know the procedure for reporting accidents and incidents and work related illness? ▪ Do you have a first aid kit available at home? 	<p>Yes / No</p> <p>Yes / No</p>
<p>Any Other Hazards: Please list</p>	

I can confirm that this Home Working Self Assessment Form is a true reflection of my home working conditions. I have also read and understand the home working guidance notes contained with the Homeworking Policy.

Employee Signature..... Date.....

Manager Name..... Date.....

Health and Safety Officer Name..... Date.....