|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Location:** |  |
| **Job Role:** |  | **Date of Assessment:** |  |
| **Line Manager:** |  | **Review Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THE WORK ENVIRONMENT** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Is the room a suitable size for home working activities? | ☐ | ☐ | ☐ |  |
| Are the floor coverings/surfaces in good condition? | ☐ | ☐ | ☐ |  |
| Is the work area clear of obstructions and trip hazards including electrical cables? | ☐ | ☐ | ☐ |  |
| Do you have sufficient storage facilities? | ☐ | ☐ | ☐ |  |
| Is it possible to maintain suitable working temperatures? | ☐ | ☐ | ☐ |  |
| Are blinds/curtains in place to prevent glare from windows? | ☐ | ☐ | ☐ |  |
| Do you have adequate ventilation available? | ☐ | ☐ | ☐ |  |
| Is there a safe means of access and exit routes from the work area?  | ☐ | ☐ | ☐ |  |
| **WORK EQUIPMENT** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Is the equipment suitable for the task? | ☐ | ☐ | ☐ |  |
| Are all items of work equipment in good repair and working correctly? | ☐ | ☐ | ☐ |  |
| Have the plugs and cables been checked for damage? | ☐ | ☐ | ☐ |  |
| Are there a sufficient number of plug sockets to prevent overloading? | ☐ | ☐ | ☐ |  |
| Where used, are multi-way adapters within the total electrical loading limit? | ☐ | ☐ | ☐ |  |
| Do you know what to do in the event of a fire? | ☐ | ☐ | ☐ |  |
| Is there a smoke alarm in the premises? | ☐ | ☐ | ☐ |  |
| Has all work equipment been PAT tested/serviced as necessary? | ☐ | ☐ | ☐ |  |
| **COMPUTER USE** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Do you use the computer/laptop for longer than 1 hour at a time? | ☐ | ☐ | ☐ |  |
| Have you completed a DSE self-assessment? | ☐ | ☐ | ☐ |  |
| Do you have any issues with your workstation? | ☐ | ☐ | ☐ |  |
| Do you know who to report any concerns or issues relating to your workstation to? | ☐ | ☐ | ☐ |  |
| **MANUAL HANDLING** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Does your work require any significant manual handling tasks? | ☐ | ☐ | ☐ |  |
| If yes, have suitable manual handling risk assessments been carried out? | ☐ | ☐ | ☐ |  |
| **ACCIDENT & INCIDENT REPORTING** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Do you know how to report accident, incidents and any equipment faults? | ☐ | ☐ | ☐ |  |
| Do you have access to a first aid kit? | ☐ | ☐ | ☐ |  |
| Do you have access to a phone to call for assistance if needed? | ☐ | ☐ | ☐ |  |
| **WELFARE** | **N/A** | **YES** | **NO** | **Actions required (if any)** |
| Do you have regular contact with your manager or HR Manager? | ☐ | ☐ | ☐ |  |
| Are there measures in place to ensure that you remain up to date with company activities and changes? | ☐ | ☐ | ☐ |  |
| Do you know who to report any absences or health concerns to? | ☐ | ☐ | ☐ |  |
| Do you have suitable toilets and handwashing facilities? | ☐ | ☐ | ☐ |  |
| Are you comfortable that your homeworking space allows you to separate home and work life? | ☐ | ☐ | ☐ |  |
| Do you feel comfortable to take regular breaks including meals? | ☐ | ☐ | ☐ |  |
| Is a specific lone worker safe system of work required? | ☐ | ☐ | ☐ |  |
| **ANY OTHER COMMENTS OR ISSUES:** |  |
| **ACTIONS PLAN:** | **DATE COMPLETED:** |
|  |  |
| **CHECKED BY:** |  | **SIGNATURE:** | **An** |
| **JOB TITLE:** |  | **DATE:** |  |

This risk assessment should be reviewed annually or when any changes in the work conditions change.