

# WORKPLACE RISK ASSESSMENT FOR HOMEWORKERS

A.

<b>Homeworker's Name:</b>	
<b>Assessment Date:</b>	

Job title:	Description of work activities undertaken at home (including location in home at which work is undertaken):
	<input type="checkbox"/> Computer-based activity (Display Screen Equipment)
	<input type="checkbox"/> Telephone calling/teleconferencing
	<input type="checkbox"/> Other desk based activity low risk activity (e.g. reading, stuffing envelopes, hand/drawn written work)
	<input type="checkbox"/> Other activities (please indicate)

## B. ASSESSMENT INFORMATION

No	Potential hazard	YES/ NO	Control measures required	In place
<b>Environment (work location)</b>				
1	Is the room a suitable size for home working activities?			
2	Are the floor coverings or surfaces in good condition?			
3	Is the work area clear from obstructions and tripping hazards, e.g., electrical cables?			
4	Is there sufficient storage facilities available to place items after work?			
5	Is a comfortable temperature being maintained in the work area?			
6	Are blinds or curtains in place to prevent to glare from the windows whilst carrying out computer work?			
<b>Work Equipment</b>				
1	Is the equipment provided suitable for the job?			
2	Have you been trained to use the equipment?			
3	Is the work equipment in good repair and working correctly?			
4	Have the plugs and cables been checked for damage?			
5	Are there a sufficient number of sockets to prevent overloading?			
6	Do you know what to do in the event of a fire?			

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No	Potential hazard	YES/ NO	Control measures required	In place
7	Is there a smoke alarm in the premises to alert any occupants in the event of a fire?			
8	Has equipment been serviced/PAT tested in line with company requirements?			
<b>Display Screen Equipment</b>				
1	Do you use display screen equipment for significant periods?			
2	Do you understand the requirements for setting up and using your computer and workstation?			
3	Has a DSE assessment been completed and is it up to date?			
<b>Workplace ergonomics and manual handling</b>				
1	When there is lots of telephone work is a landline used and suitable headset provided?			
2	Do you ensure a good seated position is adopted when performing workplace tasks i.e., seating, reading etc?			
3	Do you carry out significant manual handling tasks?			
<b>Management arrangements</b>				
1	Are you aware of the need to report accident and incidents they occur whilst you are at work?			
2	Do you drive for work, and have you provided the company with your driving licence details?			
3	Do you carry out lone working?			
4	Are there any other workplace hazards you feel the company should be made aware of?			

I have completed this checklist to the best of my ability, and all answers given are a true reflection of my interface with my home working environment.

Signed:

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MANAGEMENT SECTION: *to be completed by Health and Safety Co-ordinator or Manager*

## *Before completion*

Instruction given for checklist completion		DSE risk assessment issued (where relevant)	
YES	NO	YES	NO

## *After completion*

Follow-up action required		Manager's assessment required	
YES	NO	YES	NO

Review Date	Date reviewed	Reviewed by

I have examined this assessment and any area(s) requiring attention will be addressed by the company before the above review date.

Name:

Signed: