**HOMEWORKERS HEALTH AND SAFETY**

**SELF ASSESSMENT CHECKLIST**

*Please complete this checklist when you commence home-working (and again* ***only if any major changes occur****). The completed form should be given to your line manager and will help the University ensure that the working conditions in your home are safe and without risk to health. Once completed and signed this form should be returned to the Specialist Services & Safety Manager.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Academic Group/ Service: |  |
| Home Address: |  | Job Title: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home contact number:  |  |  |
| Details of any room/space used for home working: |  |
|  |
|  |

Please tick to confirm the following

|  | *Yes* | *No* |
| --- | --- | --- |
| The room / area used is accessible without climbing a ladder or temporary platform? |  |  |
| All walkways are clear of tripping hazards, such as trailing cables? |  |  |
| There is suitable and sufficient ventilation? |  |  |
| There is adequate light - natural and artificial? |  |  |
| I have completed the online DSE Workstation assessment  |  |  |
| The electrical equipment in my workspace does not have any signs of damage? *Look for the obvious faults, such as loose cables, cracked plugs, split covering to leads etc. This is a visual inspection only – you should not open or take covers off the equipment.* |  |  |
| I have a smoke alarm fitted.*It is strongly recommended that you fit a smoke alarm. This should be tested weekly to ensure that it is working.* |  |  |
| I have an escape plan in case of fire. |  |  |
| I know what to do in the event of having an accident at home? *All work related accidents, including those that take place in their home whilst working, must be reported using the University accident forms.* |  |  |
| I have access to first aid arrangements and guidance. |  |  |
| My home area is secure. My laptop and confidential University files will be locked away when not in use. |  |  |

|  |
| --- |
| Please comment where you have ticked “No” to the questions above or where you have any concerns about their working conditions or any other health and safety concerns? |
|  |
| Please detail the action that is to be taken, if any, to address any issues highlighted in the assessment |
|  |

All University Health & Safety policies apply equally when working from home.

Further information on Home-working can be found on the HSE website <http://www.hse.gov.uk/pubns/indg226.pdf>

**Employee’s Signature: …………………………………… Date:………………….**

**Line Manager’s Name: …………………………………… Date:………………….**

**Line Manager’s Signature: ………………………………… Date:………………….**

**Specialist Services & Safety Manager: Graham Kearsley Date:………………….**

**S S & S Manager’s Signature: …………………………… Date:………………….**