

APPENDIX 2



HOMWORKING – HEALTH AND SAFETY SELF ASSESSMENT FORM

Personal Details	
Name:	
Department:	
Directorate:	
Post:	
ESR Number	
Manager:	
Home Address	
Date of assessment	

HOME WORKING ENVIRONMENT/ WORKING PRACTICES		
Question	Yes/No	Comments
Is all of the portable electrical equipment which is used for work free from obvious damage and defects?		
Are the electrical sockets which are used to supply work equipment overloaded?		
Are all electrical cables correctly routed so they do not pose a trip hazard?		
Is the work area tidy and waste paper disposed of regularly? (consider confidential papers which may need to be shredded)		
Is there a clear and unobstructed escape route for you and any other occupiers in case of emergencies e.g. fire?		

Are there suitable smoke detectors installed in the home and regularly tested?		
Are the floors and floor coverings in good condition and do not present a trip hazard?		
Are the floors and traffic routes kept free from obstructions e.g. paper, work equipment etc.		
Do you have adequate lighting to undertake tasks comfortably?		
Are work items, papers, files etc. stored appropriately so they do not pose a risk?		
Are procedures in place to ensure that family members or others who are in the home do not have access to confidential information e.g. not being overheard while on the phone or access to written or electronic information?		
Is the computer and confidential files locked away when not in use?		
Do you carry out any significant manual handling activities associated with your home working?		
If significant manual handling is involved, has a manual handling risk assessment been carried out?		
Have you completed the Mandatory Manual Handling training?		
Is there suitable and sufficient heating, lighting and ventilation?		
Is there a first aid kit available?		
Is homeworking permitted in the terms of your buildings and contents insurance.		
Is homeworking permitted in the terms of your tenancy, mortgage provider ?		

Have you read and understood the regulations around data security/email use as set out in the relevant HB policies.		
Any other comments or concerns you have regarding your working environment, please state here:		

Please send the completed checklist to your Line Manager,

Signature:

Job Title:

Date:

For Management use;

DETAILS OF EQUIPMENT PROVIDED BY THE HEALTH BOARD:		
Equipment :	Serial number;	PAT Test certificate date

Remedial/Mitigating Actions taken following the H and S assessment:

- 1.
- 2.
- 3.

Further Risk Assessment required- YES/NO (If YES, please contact the Health & Safety Manager)

Action Plan required: YES/NO

THIS SELF-ASSESSMENT HEALTH AND SAFETY CHECK MUST BE UNDERTAKEN ON AN ANNUAL BASIS