**Checklist Guidance**

This checklist is designed to identify risks to staff who are temporary working from home. To enable correct identification of risks and precautions to reduce them, it is vital that the checklist is completed honestly.

**The Management Process**

Where required managers should discuss this checklist with the worker to work through any measure needed to control any risks identified. Therefore, it is imperative that where an issue has been identified that this is raised immediately with your line manager. The checklist should be reviewed every 4 weeks regardless if there have or have not been any significant changes.

|  |
| --- |
| **Description of work task(s).** |

| **Area** | | **Questions** | **Yes** | **No** | **N/A** | **Comments –*consider and add here any further steps you can take, refer to the guidance attached to this document*** |
| --- | --- | --- | --- | --- | --- | --- |
| **Workspace** | |
| Space | | Ensure you have a suitable home office space whilst working from home. |  |  |  |  |
| Slips, trips & fall hazards | | Are the floors/floor coverings in the area where you will be working in good condition and free from tripping hazards such as rips, tears, holes, trailing wires/cables, stored materials etc.? |  |  |  |  |
| Furniture & Equipment | | Is the furniture and equipment you need use in a state of good repair and is it secure and stable (e.g. shelves, cupboards, cabinets)? |  |  |  |  |
| **Workstation** | |
|  | | Do you have suitable desk or table to work from? |  |  |  |  |
|  | | Is your chair set up correctly? Is your lower back supported and are your feet flat on the floor? |  |  |  |  |
|  | | Can you easily reach everything that you need without twisting and straining your upper body? |  |  |  |  |
| **Display Screen** | |
|  | | Is your display screen clean and positioned so there is no glare from a window or light? |  |  |  |  |
|  | | Is your display screen level with your eyes so it doesn’t cause discomfort to your neck or head? |  |  |  |  |
| **Fire & Electrical Safety** | |
| Fire Risk | | Do you have an emergency assembly point outside of your home in place in case of fire? |  |  |  |  |
|  | | Are your smoke detectors working and checked regularly, e.g. every month? |  |  |  |  |
|  | | Do you regularly dispose of waste, including papers, to prevent a build- up of fire ‘fuel’? |  |  |  |  |
| Electrical | | Does any electrical equipment spark or show signs of damage or deterioration? |  |  |  |  |
|  | | Do you switch off equipment when not in use? |  |  |  |  |
| **Stress & Welfare** | |
|  | | Do you sit with a good posture or are you hunched over the desk? |  |  |  |  |
|  | | Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles? |  |  |  |  |
|  | | Do you have easy access to first aid equipment if required? |  |  |  |  |
|  | | Do you have a window or long distance view to look at every 15 minutes to give your short sighted muscles a rest? |  |  |  |  |
|  | | Are all wires or cables safely tucked out of the way, for example, under a desk or table to prevent tripping accidents? |  |  |  |  |
| **Lone Working** | |
|  | | Do you know the name and number of a manager or supervisor who you can get in touch with easily? |  |  |  |  |
|  | | Do you have a system for regularly ‘checking in’ with your colleague if you are not visibly online each day? |  |  |  |  |
|  | | Is your home kept secure whilst you’re working there? |  |  |  |  |
| Next Review Date |  | |

**To be completed by individual Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (electronic signature is accepted) Date\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by the employee’s line manager.** I have checked the responses to this checklist. The following action(s) will need to be taken to reduce/eliminate any identified risks.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (electronic signature is accepted) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please retain a copy for your records