

# Home Working Risk Assessment

To be completed by staff who are currently required to work at home due to the current COVID-19 Guidance. Take a look at the risks in the first column, answer 'yes' or 'no' as applicable and then make a note of what you have done to reduce the risks or remove the risk if necessary. When you have completed the assessment, press the submit button and it will be sent for review.

Name of person working from home

Date

Area of the home you intend to work

## Desk Area

Do you have adequate space to work comfortably? Yes No

Action taken to minimise the risk if identified

Is there enough space underneath your desk to stretch your legs? Yes No

Action taken to minimise the risk if identified

Are there trailing electrical cables around your working area that need to be tied up? Yes No

Action taken to minimise the risk if identified

Is your working area warm, well-lit and well-ventilated?

Yes No

Action taken to minimise the risk if identified

Do you need a desk lamp to improve lighting?

Yes No

Action taken to minimise the risk if identified

Is your working area clutter free so that you can focus easily on the task?

Yes No

Action taken to minimise the risk if identified

## Display Screen Set Up

Is your desk chair set up correctly? Is your lower back supported, are there armrests and are your feet flat on the floor?

Yes No

Action taken to minimise the risk if identified

**Do you have enough surface space on your desk to work comfortably?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Are your keyboard and mouse clean and within easy reach, without having to stretch?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Is your display screen clean and positioned so there is no glare from a window or light?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Is your display screen level with your eyes so it doesn't cause discomfort to your neck or head?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Can you easily reach everything that you need without twisting and straining your upper body?**

**Yes      No**

**Action taken to minimise the risk if identified**

## **Fire and Electrical Safety**

**Are smoke detectors working and checked regularly**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you regularly dispose of waste, including papers, to prevent a buildup of fire 'fuel'?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Does any electrical equipment spark or show signs of burns and so needs removing from use?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do any wires look damaged or frayed and so need removing from use?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you regularly inspect your electrical equipment to check for signs of wear and tear?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you switch off equipment when not in use?**

**Yes      No**

**Action taken to minimise the risk if identified**

## **Stress and Welfare**

**Do you take regular breaks away from your workstation?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you carry out regularly stretches at your desk to avoid stiff or sore muscles?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you sit with a good posture, not hunched over the desk?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you have easy access to basic first aid equipment if required?**

**Yes      No**

**Action taken to minimise the risk if identified**

## **Slips, Trip and Falls**

**Are floor coverings, such as carpets and rugs, secure?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you frequently carry hot drinks and food upstairs/downstairs and risk tripping?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Are stairways and corridors clear of trip hazards?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Is the floor area around your desk clear of boxes, papers and wires?**

**Yes      No**

**Action taken to minimise the risk if identified**

## **Lone Working**

**Do you know the name and number of a manager or supervisor who you can get in touch with easily?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Do you have a system for regularly 'checking in' with your employer if you are not visibly online each day?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Is your home kept secure whilst you're working there?**

**Yes      No**

**Action taken to minimise the risk if identified**

**Are important files and laptops kept locked away securely when not in use?**

**Yes      No**

**Action taken to minimise the risk if identified**

I confirm that I have completed this Homeworking Risk Assessment and that my responses are accurate.

**Name**

**Date**

**Signature**