**APPENDIX C - HOME WORKING HEALTH & SAFETY AND SECURITY ASSESSMENT**

*Self-Assessment Checklist to be completed by the employee and reviewed by their line manager before commencing remote homeworking.*

**To be completed by the employee**

**Employee Name: Date of completion: Dept:**

**Employee Signature**

Percentage of working time spent working remotely/from home …………………………..

Thank you for completing this form. It will be used by the Trust to help ensure that your remote working environment complies with current legislation and a copy will be placed on your personal file.

* Where you answer ‘No’ please provide further details in the comments column.
* If not applicable put N/A.
* Please provide a copy of this assessment to your Line Manager. A copy will be placed on your personal file.

**To be completed by the line manager.**

Following review of this completed form and the outcome of the DSE Assessment should you have any concerns you should seek advice from a Health and Safety Representative and discuss options to resolve these with the employee. Please identify any areas of concern below and agreed options to remove any risks.

**Line managers name: Date of completion:**

**Line managers signature (by signing you are confirming that the employee has completed the Health and Safety and Security Checklist and you are in agreement that this meets the required Trust Health and Safety and Security requirements.**

|  |
| --- |
| **Home Working Health & Safety and Security Assessment** |
|  **Fire** | **Yes** | **No** | **Comment** |
| Is the work area tidy? |  |  |  |
| Are waste materials regularly disposed of? |  |  |  |
| Are exit routes clear? |  |  |  |
| Do you have an escape plan? Know exactly what you would do in an emergency? |  |  |  |
| Is a smoke alarm fitted? The alarm must be tested weekly and battery replaced annually? |  |  |  |
| Does the alarm have any apparent damage? Cracked/loose casing, missing screws, etc |  |  |  |
| Any evidence of electrical overheating? Look for discolouration |  |  |  |
| Any obvious damage to electrical leads/plugs? |  |  |  |
| **Electrical Equipment** | **Yes** | **No**  | **Comments** |
| Is all work electrical equipment sound and free from defects |  |  |  |
| **Slips Trips & Falls** | **Yes** | **No**  | **Comments** |
| Are floor coverings without defects? |  |  |  |
| Are walkways clear of tripping hazards e.g. trailing cables? |  |  |  |
| When seated at your desk can you move your legs and upper body together without twisting? |  |  |  |
| **Working Environment** | **Yes** | **No** | **Comments** |
| Is the temperature adequate? |  |  |  |
| Is the ventilation adequate? |  |  |  |
| Do you have adequate lighting, including any specific task lighting? |  |  |  |
| **Manual Handling** | **Yes** | **No** | **Comments** |
| Will you be required to carry out any high-risk manual handling activities at home? |  |  |  |
| **Display Screen Equipment** | **Yes** | **No** | **Comments** |
| Do you use DSE for an hour or more each day? If yes please complete a DSE Assessment [Display Screen Equipment Policy (microguide.global)](https://viewer.microguide.global/SALIS/ODP#content,6cb7bb76-b1fa-412c-9250-b2538287b281) |  |  |  |
| Is your DSE interactive assessment form valid? If no complete [dse-assessment-interactive-form-appendix-b-of-dse-policy.xls (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmg.salisbury.nhs.uk%2Fmedia%2F2982%2Fdse-assessment-interactive-form-appendix-b-of-dse-policy.xls&wdOrigin=BROWSELINK) |  |  |  |
| **Accidents/First Aid** | **Yes**  | **No** | **Comments** |
| Do you know the procedure for reporting any accidents or work-related illnesses? |  |  |  |
| Do you have a first aid kit at home? |  |  |  |
| **Wellbeing** | **Yes**  | **No** | **Comments** |
| Over the year, have you suffered discomfort or ill health, potentially resulting from work? |  |  |  |
| Are there working conditions you believe may cause you physical or mental discomfort? |  |  |  |
| **Security** | **Yes** | **No** | **Comments** |
| Is your home secure with adequate locks on windows and doors? |  |  |  |
| Laptop and confidential files kept securely when not in use? |  |  |  |
|  |  |  |  |
| **Tested Trust Equipment (Itemised) Assset No.** | **Yes** | **NO** |  |
| Laptop and docking station |  |  |  |
| Screen |  |  |  |