**G1.5 Home Workplace Risk Assessment Checklist**

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|  **HOME WORKER RISK ASSESSMENT CHECKLIST** |  |
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| **Employee name:** |  | **Job title:** |  |
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| **Directorate:** |  |
|  |
| **Home address:** |  |
|  |
| **Telephone** | **Landline:** |  | **Mobile:** |  |
|  |
| **1. Documentation** | **Yes** | **No** | **Actions/Comments/Details** |
| Has the Smarter Working Policy been brought to your attention?  |  |  |  |
| Has the LCC Health & Safety Policy ([G1](https://www.lincolnshire.gov.uk/jobs/manuals/health-and-safety-manual/health-and-safety-policy/g1-health-and-safety-policy/47779.article?tab=downloads)) been brought to your attention?  |  |  |  |
| Have any risk assessments associated with the work you undertake been brought to your attention?  |  |  |  |
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| **2. Property** | **Yes** | **No** | **Actions/Comments/Details** |
| Have you checked any restrictions on working from home with your insurance company/ mortgage lender/ landlord? |  |  |  |
| Are there any hazards/issues that would affect delivery/collection of LCC equipment/materials to the property? *i.e. single track road/shared drive* |  |  |  |
| Are there any hazards/issues that would affect storage of LCC equipment/materials at the property? *i.e. limited space/landlord restrictions* |  |  |  |
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| **3. Fire**  | **Yes** | **No** | **Actions/Comments/Details** |
| Is a smoke alarm fitted to the property? Number of: Location(s): |  |  |  |
| Have you tested the smoke alarm(s) and changed batteries? |  |  |  |
| Are all exit routes available/clear and free from obstruction? |  |  |  |
| Are work related waste material regularly cleared from the work area?  |  |  |  |
|  |  |
| **4. Work Area/Environment** | **Yes** | **No** | **Actions/Comments/Details** |
| Is there sufficient space to do your work safety? |  |  |  |
| Is there enough light (natural or artificial) to do your work safety?  |  |  |  |
| Is the temperature comfortable? |  |  |  |
| Can the temperature been raised or lowered to suit? |  |  |  |
| Is the ventilation adequate? |  |  |  |
| Can windows be opened/fan used to assist with ventilation if required? |  |  |  |
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| **5. Slips/Trips/Falls** | **Yes** | **No** | **Actions/Comments/Details** |
| Are floor coverings in safe/sound condition? |  |  |  |
| Is the work area and walkways free from trip hazards *i.e. trailing cables, lifted carpets, uneven surfaces*  |  |  |  |
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| **6. Work Station & DSE/VDU** | **Yes** | **No** | **Actions/Comments/Details** |
| Have you completed a SHINE Smarter Working assessment for your home work station? [G13 – Display Screen Equipment](https://professionals.lincolnshire.gov.uk/downloads/download/120/display-screen-equipment?downloadID=120) |  |  |  |
| Have you completed the e-learning DSE/VDU training?[*Lincs2Learn*](https://lincolnshire.learningpool.com/course/view.php?id=2128) |  |  |  |
| Have you seen/read any of LCC’s DSE guidance documents?Click [***here***](https://professionals.lincolnshire.gov.uk/downloads/download/120/display-screen-equipment?downloadID=120)to see POEL A – K.  |  |  |  |
| Have you seen/read LCC’s Working with Laptop information?Click [***POEL9F***](https://professionals.lincolnshire.gov.uk/downloads/file/788/g13-appendix-11-poel-9f-working-with-laptops) to see information.  |  |  |  |
| lcc_imp_15% |
| **7. Electrical Safety**  | **Yes** | **No** | **Actions/Comments/Details** |
| Do you visually check equipment for apparent damage, overheating, etc? Click [here](https://professionals.lincolnshire.gov.uk/downloads/download/121/electricity?downloadID=121) for further information. |  |  |  |
| Does all LCC provided equipment have an in-date Portable Appliance Test (PAT) sticker dated in the last 12 months? |  |  |  |
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| **8. Gas safety**  | **Yes** | **No** | **Actions/Comments/Details** |
| Has your gas central heating been serviced by an appropriate [***GAS SAFE***](http://www.gassaferegister.co.uk/) engineer in the last 12 months? |  |  |  |
| Do you have a Carbon Monoxide detector/alarm fitted? |  |  |  |
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| **9. Working Alone**  | **Yes** | **No** | **Actions/Comments/Details** |
| Have you seen/read and understood LCC’s Working Alone – Employee Leaflet? Click [***POEL36***](https://professionals.lincolnshire.gov.uk/downloads/file/903/poel36-working-alone-and-orbis-lone-worker-device-ermployee-leaflet) to view leaflet  |  |  |  |
| Has your line manager undertaken a Working Alone Risk Assessment? Click [here](https://professionals.lincolnshire.gov.uk/downloads/download/140/working-alone?downloadID=140) for template form and guidance. |  |  |  |
| Have you read and understood any provisions/controls identified within the Working Alone Risk Assessment?  |  |  |  |
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| **10. Security**  | **Yes** | **No** | **Actions/Comments/Details** |
| Is your property secured by suitable means?*i.e. matches the requirements within your home insurance*  |  |  |  |
| Are all accessible windows secured with window locks? |  |  |  |
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| **11. Accident/First Aid**  | **Yes** | **No** | **Actions/Comments/Details** |
| Are you aware of the procedure of reporting accidents/injuries/ill health? Click [***G4***](https://professionals.lincolnshire.gov.uk/downloads/download/111/accident-reporting?downloadID=111) to view summary |  |  |  |
| Have you been issued with a first aid kit? |  |  |  |
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| **12. Adaptations Related to EA Requirements**  | **Yes** | **No** | **Actions/Comments/Details** |
| Have you and your manager taken account of any requirements needed in relation to the Equality Act and this checklist?  |  |  |  |
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| **13. Any Other Comments Related to Your Working Environment**  |
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| **14. LCC Own Equipment List**  | **Description** | **Asset No** | **P.A.T Test Date** |
| What equipment do you have? |  |  |  |
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| **15. Assessment Sign off**  |
| **Assessment Completed by :** |  |
| **Signature:** |  | **Date:** |  |
| **Line Manager (LM):** |  |
| **Approved by LM:** | **YES** |  | **NO** |  | **LM Signature:** |  | **Date:** |  |