

**Health and Safety Audit: Homeworker’s Self Assessment**

This form must be completed by the employee planning to work from home and be counter-signed by their manager. The purpose of this form is to ascertain whether a full health and safety assessment should be undertaken on the employee's home environment by a risk assessor. This form should be completed and returned to Human Resources Department before it is agreed that a member of staff may work from home.

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| --- | --- | --- | --- | --- |
| **Name** | |  | | |
| **Address** | |  | | |
| **Telephone No** | |  | | |
| **Department** | |  | | |
| **Job Title** | | Please forward a copy of your job description with this completed form | | |
|  |  | | | **Please tick the appropriate box** |
| 1 | Do you anticipate spending more than 20% of your time working at your homebase? | | Yes | No |
|  | If yes do you anticipate sending more than 50 % of your time working at your homebase? | | Yes | No |
| 2 | Do you have a room at home which will be used specifically as an office base? | | Yes | No |
|  | If you answered no to this question, within which room in the home will the work be undertaken? | | | |
|  |  | | | |
|  | How much space in this room will be required to carry out your role effectively? | | | |
|  |  | | | |
|  | Is there sufficient space within this room to carry out your role effectively? | | Yes | No |
|  | Is there adequate ventilation, reasonable temperature, and suitable lighting within the home to perform the role effectively and in comfort? | | Yes | No |
| 3 | Will you be using your PC continuously for an hour or more at a time? | | Yes | No |
|  | Will you be using the PC every day? | | Yes | No |
|  | If not, how often will you be required to use your PC at your home base? | | | |
|  |  | | | |
| 4 | Do you have adequate first aid provisions in the home? | | Yes | No |
| 5 | Are you likely to have to carry or move heavy loads in the home as part of your role? | | Yes | No |
|  | If yes, what manual handling activities will be undertaken in the home? | | | |
| 6 | Is your electricity supply suitable for homeworking? (e.g. are there sufficient sockets, etc?) *Consult a qualified electrician if necessary* | | Yes | No |
| If you believe there is additional information we may require in relation to health and safety issues of working at home, please set this out below. | | | | |