

# HOMEWORKING CHECKLIST

**To be completed by the employee, with guidance from their line manager (where appropriate) and reference to the homeworking policy.**

<b>1.</b>	<b>DISPLAY SCREEN EQUIPMENT.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1:1.	Do you have a suitable desk? NB: The height should be approx. 750mm and the depth sufficient to hold the PC and keyboard	_____	_____	_____
1:2.	Do you have a suitable chair? NB: The chair must be stable, with adjustable height and back support)	_____	_____	_____
1:3.	Have you completed a DSE workstation assessment? If no, please complete one ASAP	_____	_____	_____
1:4.	Do you use a laptop and if so does it have a separate keyboard?	_____	_____	_____
1:5.	Have you read the information/advice for DSE users?	_____	_____	_____
<b>2.</b>	<b>ELECTRICS.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
2:1.	Can all equipment be switched off easily and quickly?	_____	_____	_____
2:2.	Are all flexes/wires in good condition and free from damage?	_____	_____	_____
2:3.	Are wires placed so they can't be damaged or tripped over?	_____	_____	_____
2:4.	Are all sockets in good condition and free from cracks/damage?	_____	_____	_____
2:5.	Is all electrical equipment in good condition and damage free?	_____	_____	_____
2.6	Are all cables securely fixed in their plugs?	_____	_____	_____
2.7	Are correct fuses fitted (where appropriate)?	_____	_____	_____
<b>3.</b>	<b>HAZARDOUS SUBSTANCES.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
3:1.	Do you use any hazardous substances when working from home? i.e. anything with an orange warning label	_____	_____	_____
3:2.	If yes, do you have the manufacturer's safety data sheets?	_____	_____	_____
3:3.	Do you have suitable, secure storage for any chemicals used?	_____	_____	_____
<b>4.</b>	<b>MANUAL HANDLING.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4:1.	Are you aware of the correct procedures for manual handling activities?	_____	_____	_____

<b>5.</b>	<b>WORK EQUIPMENT.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
5:1.	Has all equipment been checked to make sure that it's suitable?	___	___	___
5:2.	Is equipment checked regularly (i.e. visual checks) for faults/damage?	___	___	___
5:3.	Are heavy items stored at the lowest point of shelves/cabinets?	___	___	___
<b>6.</b>	<b>FIRE SAFETY.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
6:1.	Do you have a smoke detector in your working area? NB: If no, you need to arrange for one to be fitted ASAP	___	___	___
6:2.	Do you check it weekly to make sure it's working?	___	___	___
6:3.	Is anything blocking the cooling vents/fans on electrical equipment? e.g. paper, equipment., etc.	___	___	___
<b>7.</b>	<b>FIRST AID.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
7:1.	Do you have a suitable equipped first aid box?	___	___	___
<b>8.</b>	<b>ACCIDENT REPORTING.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8:1.	Are you aware of the accident reporting procedure for homeworkers?	___	___	___
<b>9.</b>	<b>SECURITY.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
9:1.	Is your equipment placed so it can't be seen from outside your home?	___	___	___
9:2.	Are all doors and windows secure?	___	___	___
<b>10.</b>	<b>WORKING ALONE.</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
10:1.	Have you agreed how you will communicate with your manager?	___	___	___
10:2.	Have you agreed your working pattern and any recording required?	___	___	___
10:3.	Are you aware of the home and lone working arrangements?	___	___	___

**ANSWERS:**

**YES** answers require no further action (except section 3 on hazardous substances)

**NO** answers require further investigation and/or remedial action by the employee and/or their line manager

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Line manager's Name:** \_\_\_\_\_

**Line Manager's Signature:** \_\_\_\_\_

NB: This checklist should be reviewed on a regular basis (e.g. annually) or whenever there is a change to the homeworker's circumstances (e.g. moving home, refurbishments, etc.).