

Temporary Risk Assessment Checklist for Working at Home

Name		Department	
		Normal work location	
Start time		Finish time	

Item		Yes	No
Health	Do you have any medical conditions, for example diabetes, that might have an impact on the homeworking arrangements?		
	Do you know how to report any injury, illness or incident that might be related to work?		
Information and Training	Have you been given health and safety training and information on general homeworking issues, on issues specific to the job, and on basic electrical equipment safety?		
The home	Are there any pets in the house?		
	Are there any children, disabled or elderly people who need caring for in the house while the homeworker is working?		
	Is the work carried out in a separate, lockable room?		
	Do you have a list of all equipment supplied to the homeworker?		
	Have you carried out safety checks on all equipment supplied?		
	Do you use your (if any) own equipment?		
	Is the size of the room adequate, bearing in mind the equipment supplied and the work tasks?		
	Is the lighting sufficient?		
	When was the equipment last tested?		
Display Screen Equipment	Are you satisfied that the DSE can be used with comfort (issues include screen glare, adjustable seating, configuration of screen and keyboard, desk size)?	Yes	No
	Have you taken steps to ensure the that you take adequate breaks from DSE work?		

	Are you ensuring that you are not working excessive hours or otherwise struggling with the work?		
	If you are using a laptop, what advice and additional equipment have been provided?		
Emergencies	Do you have any fire extinguishers and smoke detectors in the home, are you trained to use them?		
	Have you received basic first-aid training?		
	Do you have a first-aid box at home?		
	Housekeeping. Please ensure that you have uncluttered exit routes, in the event of a fire or other emergency?		
Staying in touch	Do you have adequate resources to contact others, – landline, mobile, alarm?		
	Have you planned frequent contact with your supervisor/line manager by e-mail, phone and in person?		

Staff member: I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary for working from home on a temporary basis.

Full name:	CRSid:
Contact number:	Signature:
Email:	Date:

Line Manager: I am signing to confirm that I have ensured all necessary safety arrangements are in place for working from home.

Full name:	Position:
Contact number:	Signature:
Email:	Date:

Please return this form to the Business Operations Manager - Vicki Sparkes on vas33@cam.ac.uk

A copy of this form should be kept by the person working from home and the Business Operations Manager/Human Resources.