**Schools Flexible Homeworking Self-Assessment Checklist**

**The aim of this checklist is to assist you in assessing the health and safety of your home working environment when working from home flexibly. If your home is defined as your workplace in your contract, you should complete a Homeworker Risk Assessment,**

**This assessment is only intended to assess the risks of office type activities at home, it is not intended to assess the risks of any non-office based activities.**

**If you answer no to any items, please provide further details so that your line manager can assess the situation and provide additional support as appropriate.**

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| **Directorate/Service** |  | **Team** |  |
| **Name of Homeworker** |  | **Homeworker Address** |  |
| **Line Manager** |  | **Date of Assessment** |  |
| **Signature of Line Manager** |  | **Signature of Homeworker** |  |
| **Review Date** |  |  |  |
|  |  |  |  |
| **Risks** | **Controls** | | **Please provide further information if you cannot answer yes to all statements** |
| **Fire** | I can confirm the following;   * I have a clear escape route in the event of a fire * Combustible items are stored away from ignition sources * There is a working smoke alarm nearby, which is tested weekly | |  |
| **Display Screen Equipment (DSE)** | I have read and understood the [Portable DSE User Guidance](https://www.youngsouthampton.org/images/portable-dse-guidance-(apr-2020).pdf) on the [DSE Microsite](https://www.youngsouthampton.org/working-with-children/schools-guidance/health-and-safety/microsites/display-screen-equipment.aspx) and can confirm the following;   * I have a suitable place to use my laptop, i.e. a desk or dining table, with space to rest my wrist and forearms as required * I have a laptop riser or separate monitor available * I have a separate mouse * I have a separate keyboard * I have a suitable chair available (does not have to be a specific DSE chair) * Window coverings are available to avoid glare * I have had an eyesight test within the last 2 years * I take regular breaks from using the DSE * I will request a footrest and/or document holder if required * I will inform my line manager if I am suffering from any pain or discomfort when working at home for long periods | |  |
| **Environment** | I can confirm the following;   * My working area has suitable heating, lighting and ventilation * There is sufficient space available * There are no trip hazards or trailing cables | |  |
| **Electrical** | I can confirm the following;   * There is no visible damage, including signs of overheating, to sockets, plugs or leads * I have sufficient power outlets available * Power outlets are available as required to avoid trailing cables * Where additional sockets are required an extension board will be used and not a cube extension | |  |
| **Lone Working** | I can confirm;   * I have read and understood [SWP Working Alone Safely](https://www.youngsouthampton.org/Images/SWP-Working-Alone-in-Safety-V4.02-May-2019.pdf) * I have discussed and agreed how to maintain contact with my line manager when working alone * There are no health reasons as to why I should not work alone | |  |
| **Accident Reporting** | I can confirm;   * I have read and understood [SWP Accident-Incident Reporting and Investigation](https://www.youngsouthampton.org/Images/Accident-Incident-Reporting-Managers%20Guide.ppt) and am aware that all accidents or incidents occurring as a result of my work must be reported to my line manager * I have a first aid kit available | |  |
| **Security** | I can confirm;   * I have a safe place available to use and store work equipment * Confidential or sensitive material/information cannot be accessed by others | |  |
| **Well-being** | I can confirm I understand the need to maintain regular contact with my line manager and that I need to raise any issues or concerns with them at the earliest opportunity | |  |
| **Other Hazards** | I have checked for potential hazards in my home and can confirm I am satisfied that my working arrangements are suitable and safe | |  |