Homeworking self-assessment checklist

This form should be completed initially by the home/hybrid worker and returned to the line manager. Any matters of concern should be resolved before home working commences. The responses should be reviewed annually, and at any time if significant changes occur.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Yes** | **No** | **N/a** |
| **General** |
| Have you read and understood the University Guidance on home working?  |  |  |  |
| Have you carried out a DSE workstation assessment? |  |  |  |
| Have you agreed a mode and frequency of communication with your line manager? |  |  |  |
| Are you familiar with the University’s ill health, accident and incident reporting procedures? |  |  |  |
| **Electrical Safety** |
| Can you easily switch off equipment when not in use? |  |  |  |
| Does the equipment switch on and off properly? |  |  |  |
| Is there adequate space around the equipment for access and cooling? |  |  |  |
| Are the cables/leads in good condition?(Look for cuts, fraying and damage or signs of overheating) |  |  |  |
| Are the cables securely fixed in all plugs? (You should not be able to see the coloured inner wires) |  |  |  |
| Are the leads positioned where they cannot easily be damaged or cause a trip hazard? |  |  |  |
| Is the socket outlet in good condition? (Look for cracks, damaged or signs of overheating) |  |  |  |
| Is all equipment in good condition? (Look for cracks, damaged or signs of overheating) |  |  |  |
| **Slips and Trips** |
| Are floor coverings in the work area in good condition and without defects which could cause you to trip? |  |  |  |
| Is the workstation area clear of any tripping hazards? |  |  |  |
| **To be completed by home worker / line manager as appropriate.**List any matters of concern which need attention before homeworking starts: |
| Home/hybrid worker’s name:  | Date: |
| Home/hybrid worker’s signature: |
|  |
| Any matters of concern raised above have been addressed and home working is agreed. |
| Line manager’s (name): | Date: |
| Line manager’s signature: |
|  |