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| **BHCC_logo_4cm**Are you a **Home Worker?** (Someone who undertakes their work wholly from home) **Yes / No** Are you a **Flexible Worker?** (Someone who works from home on an ad-hoc basis or who is temporarily working from home due to the Covid-19 pandemic) **Yes / No** Please complete this form if you regularly work from home using Display Screen Equipment (DSE)**Health and Safety Assessment for Working from Home** |
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| **Name of Employee:** |  | **Occupation:** |  |
| **Manager:** |  | **Date:** |  |
| **Home Address:** |  | **Review date:** |  |

The DSE user should complete all sections in Part 1. The form should then be forwarded to their manager who should review the assessment on an annual basis or when there is a significant change.

**Part 1**

| **Hazard** | **Question** | **Response** | **Comments** |
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| **Yes**  | **No** | **N/A to job** |
| **Work Equipment** | Is the DSE provided by BHCC? |  |  |  |  |
| Is the equipment suitable for its intended use? |  |  |  |  |
| Do you understand the procedure to arrange for maintenance/repair of any supplied equipment? |  |  |  |  |
| Are arrangements in place for the storage and disposal of confidential information?Please indicate what these are. |  |  |  |  |
| Are adequate arrangements in place to prevent unauthorised use of work equipment and danger to children & other family members? |  |  |  |  |
| Do you check the condition of the work equipment on a regular basis to ensure its safety? |  |  |  |  |
| **Electricity** | Do you check plugs, leads, wires & cables regularly to check that they are in good condition? (i.e. signs of wear and tear) |  |  |  |  |
| Has the supplied work equipment been inspected and tested by a competent person within the last 12 months? (Portable Appliance Testing) |  |  |  |  |
| **Manual Handling** | Have you received adequate information/instruction on safer handling of loads? |  |  |  |  |
| Do you avoid lifting/carrying heavy or bulky loads or materials? |  |  |  |  |
| **Slips, Trips and Falls** | Is the equipment and furniture arranged to avoid trailing leads and cables etc.? |  |  |  |  |
| Are all floor surfaces in your work area non-slip, level and in good condition to avoid slips and trips? |  |  |  |  |
| Is there adequate provision of lighting to ensure safe movement etc? |  |  |  |  |
| Is your work area kept tidy and free from obstructions that are liable to cause a trip? |  |  |  |  |
| **Isolation** | Do you have regular face-to-face contact with your line manager? |  |  |  |  |
| Are you able to access up to date information and support from the council? |  |  |  |  |
| Are you able to contact and communicate with other members of your team on a regular basis? Please indicate what methods you use. |  |  |  |  |
| Is there a system in place to safeguard your personal safety? |  |  |  |  |
| Have you received Personal Safety training? |  |  |  |  |
| **Fire & Emergency** | In the event of a fire, do you have a plan for evacuation and summoning assistance?  |  |  |  |  |
| Is a smoke alarm fitted in your work area? |  |  |  |  |
| Do you have access to adequate first aid facilities? |  |  |  |  |

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| **If you wish to raise any other concerns, please do so here –** |
| **List all BHCC equipment supplied to you for use while working at home:-** |

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| **In this section describe the designated work area. Include sketches and photographs (if necessary) to show the layout and where the work area is located in the home.** |
| **Signature of Employee:**  **Date:** |

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| **Part 2 – To be completed by the employee’s Manager****Further actions required** |
| **Action Detail** | **Responsible Person** | **Target Date** | **Completion Date** |
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| **Managers comments** |

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| **Line Managers Signature:** | **Date:** | **Date of Review:** |