# Temporary Home Worker Self-Assessment Checklist

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| --- | --- |
| **Employee Name** |  |
| **Job Title** |  |
| **Home Address** |  |
| **Contact Number** |  |
| **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Workstation** | **Yes** | **No** | **Comments** |
| Do you have a suitable surface at which you can work (e.g. table, desk), allowing your forearms to rest at approximately 90° from your body? |  |  |  |
| Do you have a sturdy chair, which allows your upper legs to be at approximately 90° from your body? |  |  |  |
| Can you set your monitor/ laptop so that your eyes are roughly level with the top of the screen? |  |  |  |
| If working from a laptop, do you have a separate keyboard and mouse? |  |  |  |
| Can you position your screen, or adjust blinds/ curtains, so that your screen is free from glare? |  |  |  |
| Do you know how to adjust the brightness and contrast of your screen to achieve a setting that is appropriate for the lighting conditions in the room? |  |  |  |
| Do you need further guidance on how to set up your workstation? |  |  |  |
|  | | | |
| **Work Equipment** | **Yes** | **No** | **Comments** |
| Do you know how to carry out a user check of your portable electrical equipment? |  |  |  |
| Do you have any safety concerns regarding any electrical equipment provided by your employer? |  |  |  |
| Is your work equipment properly maintained and in good working order? |  |  |  |
| Is your work equipment suitable for the work that you carry out? |  |  |  |
|  | | | |
| **Work Environment** | **Yes** | **No** | **Comments** |
| Is the floor area in your workspace free from trip hazards (e.g. trailing cables, boxes, damaged flooring, etc.)? |  |  |  |
| Are you able to achieve a comfortable room temperature in your work area? |  |  |  |
| Is there adequate lighting (natural or artificial) in your work area? |  |  |  |
| Are there any significant hazards in your home/ work area that you are not able to control? |  |  |  |
| **Premises Safety** | **Yes** | **No** | **Comments** |
| Do you have smoke alarms installed in your home/ work area? |  |  |  |
| If you have a gas boiler, do you have a carbon monoxide detector installed in a suitable location? |  |  |  |
| If you have a gas boiler, has it been serviced regularly (i.e. annually)? |  |  |  |
| In the event of a fire or other emergency, would you be able to escape quickly and safely from your work area? |  |  |  |
| Do you have any other concerns regarding the general safety of your home/ work area? |  |  |  |
|  | | | |
| **Mental Wellbeing** | **Yes** | **No** | **Comments** |
| Do you have the necessary skills, competence and training to be able to carry out your work from home? |  |  |  |
| Do you feel that your workload is reasonable and does not place excessive pressure on you? |  |  |  |
| Do you feel safe in your home/ work area? |  |  |  |
| Do you feel that you have a sufficient amount of social contact with friends, family or colleagues? (This may be by phone/ videocalls/ messages). |  |  |  |
| Do you feel that you have a sufficient amount of contact with your manager and that you are adequately supported? |  |  |  |
| Do you know who you should contact at work if you feel that your work activities or home working arrangements are harming your mental health (e.g. causing stress, anxiety, depression, etc.)? |  |  |  |
|  | | | |
| **Accidents and Incidents** | **Yes** | **No** | **Comments** |
| Do you know who you should report any health and safety concerns to? |  |  |  |
| Do you know how to report any accidents/ incidents or near misses that occur when working from home? |  |  |  |

**To be completed by Employer:**

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| --- | --- |
| **Reviewed by:** |  |
| **Date:** |  |
| **Action Required?**  ***(Please provide details)*** |  |

**Hettle Andrews also have an online Temporary Home Worker Self-Assessment Tool – contact** [**ONE@hettleandrews.co.uk**](mailto:ONE@hettleandrews.co.uk) **for further details.**