

Annex 1

Health & Safety Assessment Checklist

HOME WORKING HEALTH AND SAFETY ASSESSMENTS

Tonbridge & Malling Borough Council has a legal duty to all employees and others who may be affected by their activities. In particular the Health and Safety at Work Act (HASAWA) places a duty on employers, the self-employed and employees to provide and maintain a safe place and systems of work.

Most of the Regulations under HASAWA apply to Homeworkers and these include

- The Management of Health and Safety at Work Regulations 1999
- The Display Screen Regulations 1992
- Electricity at Work Regulations 1989
- First Aid Regulations 1981
- Manual Handling Regulations 1992
- Personal Protective Equipment Regulations 1992
- PUWER (Provision and Use of Work Equipment Regulations) 1998
- COSHH (Control of Substances Hazardous to Health) Regulations 2002
- RIDDOR (Reporting of Diseases and Dangerous Occurrences Regulations) 2013
- Working Time Regulations 1999
- Lone Working

Under the Management of Health and Safety at Work Regulations employers are required to carry out a risk assessment of the work activities of their employees, this includes those who are employed as Homeworkers. The Homeworking Policy provides a definition of Home working.

Assessment form

The attached Assessment Form must be completed and agreed by the relevant line manager or Service Manager before an employee can start Homeworking.

The employee must undertake to provide information to the best of their knowledge and advise their manager if any of the information provided changes. It is recommended that this assessment is reviewed annually as a minimum.

Any matters that are considered to be unsatisfactory or of concern should be referred to the Health & Safety Officer for advice before Homeworking can be authorised.

A copy of the completed form will be kept by the employee, and copies will be retained by the manager, the Health and Safety Officer and a further copy will be placed on the employee's personal file in Personnel Services.

HEALTH AND SAFETY ASSESSMENT CHECKLIST

Name	
Home Working Address	
Type of work to be carried out	
Date of Assessment	

Workplace and Work Equipment

	Yes/ No/ N/A	Comments /further information/action
Is a room or space specifically set aside for the work?		
Is the heating and lighting adequate for work to be carried out?		
Is there adequate space and facilities for the safe storage of work and materials?		
Is the workspace free of tripping hazards e.g. cables, floor covering etc?		

Has work equipment been provided by TMBC? (Give details)		
Has a Display Screen Equipment (DSE) Risk Assessment been completed? (Please attach copy)		
Has DSE Risk Assessment E-learning training been carried out?		

Electrical Equipment

Is any electrical equipment provided by TMBC inspected regularly by a competent person?		
Are the plugs correctly fused and cables in good condition?		
Are extension leads in good condition?		
What is the age of the house wiring? (Please state if known)		

Substances

Does the work involve the use of any chemicals or substances		
If so, has a COSHH Assessment been carried out		

Manual Handling

Does the work involve manual handling?		
Has a Manual Handling Assessment been carried out?		
Has Manual Handling E-learning Training been carried out?		

General

Are there any children, dependent people or animals in the house that could cause a hazard or are likely to be affected by the work?		
Is the home worker a new or expectant mother?		
Does the home worker consider themselves to be disabled with any particular requirements?		

Lone working/personal security

Will the home worker be required to work alone for long periods of time?		
Is there access to a telephone?		
Will the employee be making site visits or making home visits to the public?		
Is there a system in place for calling of help in an emergency (either in the home or when making site visits or visiting the public)?		
Have arrangements been put in place for contact with managers and colleagues?		

Have any other concerns about Health and Safety been raised. Please note them below

Employee's Signature		Date
Managers Signature		Date

Review Date	
--------------------	--

