# Health and Safety Checklist – Homeworker

To be completed every 12 months or when circumstances or risks change.

This form is to be used when an employee is defined in their contract of employment “You will be based from your home address”

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| Employee Name: | Employee Number: |
| Employee Address: | Telephone Number: |
| Date Completed: |  |
| Checklist Completed By: | Planned Review Date if not in 12 months time: |

Any items identified as being of serious and or imminent risk to Health and Safety must be reported and actioned immediately.

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| **Checklist Summary** | |
| **Section Covered** | **Completed Yes/No** |
| Section 1 – Place of work (page 2) | **Yes/No** |
| Section 2 – Buildings and Workplace (Page 2) | **Yes/No** |
| Section 3 – Harmful Chemicals and substances (Page 3) | **Yes/No** |
| Section 4 – Work equipment and electrical (Page 3) | **Yes/No** |
| Section 5 – Fire and evacuation (Page 4) | **Yes/No** |
| Section 6 – Manual handling (Page 4) | **Yes/No** |

**Signatures**

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| **Employee:** | **Line Manager:** |
| **Date:** | **Date:** |

Health and Safety Checklist – Homeworker

Effective Date : May 2007

Issue No: 1

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| **Section 1 – Place of work** | | |
| 1.1 Do you have a defined place/room where you work each day? | Yes/No | If “yes” complete answer all questions in this checklist. If “no” you must designate a room to carryout work activities (see question 1.2) |
| 1.2 Have you informed the following that you are a homeworker or occasionally homeworker? | * Mortgage company * Landowner or owner of the property * Buildings insurance provider * Contents insurance provider | |
| 1.3 The place/room where I work each day is called (draw a plan view of the room) | | |

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| **Section 2 – Buildings and Workplace** | | |
| If you answer **NO** to any item give further details | Delete as appropriate | Detail problem and possible corrective action |
| 2.1 Carpets and/or floors in good condition? | Yes/No |  |
| 2.2 Floors clean and level? | Yes/No |  |
| 2.3 Desks, filing cabinets and shelves generally tidy? | Yes/No |  |
| 2.4 Room secure from access by children? | Yes/No |  |
| 2.5 Lighting adequate? | Yes/No |  |
| 2.6 Chairs in good condition and fully adjustable? | Yes/No |  |
| 2.7 Walkways tidy and unobstructed? | Yes/No |  |
| 2.8 Store rooms tidy and accessible? | Yes/No |  |
| 2.9 Window, blinds and doors operative and in good condition? | Yes/No |  |
| 2.10 Boxes and files stored safely? | Yes/No |  |
| 2.11 Storage space adequate? | Yes/No |  |

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| **Section 3 – Harmful Chemicals and Substances** | | |
|  | Delete as appropriate | Detail problem and possible corrective action |
| 3.1 Are there any harmful chemicals or substances kept in place/room where you work? | Yes/No | If “yes” go to question 3.2.  If “no” don’t answer questions – go to next section. |
| 3.2 Does ACC supply the chemicals or substances and needed to perform the job? | Yes/No | If “yes” please answer all the questions in this section. If “no” don’t answer questions – do to next section. |
| 3.3 Hazards identified in data sheets have adequate written safety procedures available. Relevant employees trained? | Yes/No |  |
| 3.4 All chemical containers clearly labelled and stored in accordance with manufacturer instructions? | Yes/No |  |
| 3.5 Empty and used chemical containers removed from area and disposed of in accordance with manufacturer instructions? | Yes/No |  |
| 3.6 Spillage control kits available and replenished? | Yes/No |  |
| 3.7 Safety signs in place and legible? | Yes/No |  |

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| **Section 4 – Work Equipment and Electrical** | | |
| If you answer **NO** to any item give further details | Delete as appropriate | Detail problem and possible corrective action |
| 4.1 Employee aware of procedure for reporting defective equipment? | Yes/No |  |
| 4.2 Sufficient sockets available and extension cables kept to a minimum? | Yes/No |  |
| 4.3 Electrical cables secure and away from walkways? | Yes/No |  |
| 4.4 Electrical equipment used in accordance with manufacturer instructions? | Yes/No |  |
| 4.5 Electrical equipment tested with date and signature visible? | Yes/No |  |
| 4.6 Employee owned electrical equipment tested and approved by Facilities? | Yes/No |  |
| 4.7 ACC supplied equipment secured after use? | Yes/No |  |

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| **Section 5 – Fire and Evacuation** | | |
| If you answer **NO** to any item give further details | Delete as appropriate | Detail problem and possible corrective action |
| 5.1 Heat sources kept away from potential fire hazards including flammable chemicals? | Yes/No |  |
| 5.2 Sufficient smoke detectors in place? | Yes/No |  |
| 5.3 Smoke detectors functional? | Yes/No |  |
| 5.4 Fire extinguishers available in place/room of work? | Yes/No |  |

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| **Section 6 – Manual Handling** | | |
|  | Delete as appropriate | Detail problem and possible corrective action |
| 6.1 Are there any manual handling activities that may cause injury? | Yes/No | If “yes” complete all questions in this section. If “no” don’t answer questions – go to next section. |
| 6.2 Employee in good health relative to manual handling requirements of job? | Yes/No |  |
| 6.3 Manual handling risk assessments completed and documented on tasks identified as presenting a risk of injury? | Yes/No |  |
| 6.4 Control measures in place to prevent injury or damage to property or products? | Yes/No |  |
| 6.5 High-risk employees trained in manual handling techniques? | Yes/No |  |
| 6.6 Employee informed ACC of any issues relating to manual handling? | Yes/No |  |

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| **Section 7 – Personal Protective Equipment (PPE)** | | |
|  | Delete as appropriate | Detail problem and possible corrective action |
| 7.1 Is there a requirement for PPE? | Yes/No | If “yes”, make a list below and answer all questions in this section.  If “no” don’t answer questions – go to next section. |
| 7.2 PPE available and accessible relative to hazard? | Yes/No |  |
| 7.3 PPE checked and maintained effectively? | Yes/No |  |
| 7.4 PPE used in accordance with manufacturer instructions? | Yes/No |  |
| 7.5 Where mandatory to do so – all employees wearing PPE? | Yes/No |  |
| 7.6 PPE fit for purpose and effective? | Yes/No |  |
| 7.7 Procedure for replenishment of PPE consumables effective? | Yes/No |  |
| 7.8 Safety glasses used where mandatory? | Yes/No |  |

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| **Section 8 – Other** | | |
| If you answer **NO** to any item give further details | Delete as appropriate | Detail problem and possible corrective action |
| 8.1 Employee aware of accident reporting procedure? | Yes/No |  |
| 8.2 First Aid box available and replenished? | Yes/No |  |

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| Any other information or items for improvement |
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