Home Working Risk Assessment

Home worker self-assessment of workstation, electrical safety, environment, wellbeing and contact arrangements.

Employee name *	
Date *	_____ / _____ / _____

Item	Yes	No
Dedicated workspace available *	☐	☐
Chair and desk suitable *	☐	☐
Screen at eye level *	☐	☐
Lighting and temperature adequate *	☐	☐
Electrical sockets and leads in good condition *	☐	☐
Trip hazards controlled *	☐	☐
Smoke alarm fitted at home *	☐	☐
Regular contact with manager agreed *	☐	☐
Taking regular breaks *	☐	☐
Feeling well supported *	☐	☐

Equipment requested	
Actions agreed	
Employee signature *	
Manager name	
Manager signature	

* Required