# Appendix 1: Homeworker’s Checklist

To be completed by the homeworker with actions agreed and completed in collaboration with the line manager.

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| **Name of homeworker** | Enter text. | **Job Title** | Enter text. |
| **Line Manager** | Enter text. | **Date** | Click or tap to enter a date. |
|  |  |  |  |
| **Department** | Enter text. |
|  |  |  |  |
| **Location** | Enter text. |

| **#** | **Item** | **Yes / No** | **Comments / Action Required** |
| --- | --- | --- | --- |
| **Environment** |
|  | Is the working area warm, well-lit and well-ventilated? | Yes / No | Enter text. |
|  | Is there enough leg space, surface space and surrounding space for the employee to work comfortably? | Yes / No | Enter text. |
|  | Does the work area provide enough privacy and freedom from disturbances? | Yes / No | Enter text. |
|  | Does the employee have enough storage space? | Yes / No | Enter text. |
|  | Do arrangements ensure other occupants of the home are free from risk to their health and safety? | Yes / No | Enter text. |
|  | Is the working area, including corridors and stairs, free from slip or trip hazards? | Yes / No | Enter text. |
|  | Are floor coverings, such as carpets and rugs, secure? | Yes / No | Enter text. |
|  | Is there a reason to prioritise continuing to work from home (such as childcare or other caring responsibilities)? | Yes / No | Enter text. |
|  | Is there a reason for prioritising a return to work rather than working from home (such as a lack of suitable home space, environment, noise or facilities)? | Yes / No | Enter text. |
| **DSE ergonomics**  |
|  | Has the employee completed a DSE workstation assessment on riskNET? | Yes / No | Enter text. |
|  | Does the employee take adequate breaks from computer work? | Yes / No | Enter text. |
|  | On the occasions that the employee works at UCL, do they know how to set up their workstation ergonomically and where to find advice on doing so? | Yes / No | Enter text. |
| **Remote and lone working** |
|  | Has the employee had discussions with the line manager and been made clear of their arrangements for remote working, e.g. work hours and expectations, so that an appropriate work life balance is assured? | Yes / No | Enter text. |
|  | Is the employee aware of arrangements and requirements for communication and reporting to the office base? | Yes / No | Enter text. |
|  | Is the employee aware of how to get help on using computers, software or other equipment? | Yes / No | Enter text. |
|  | Have the homeworking arrangements eliminated any security concerns? | Yes / No | Enter text. |
|  | Is the employee aware of emergency contacts at UCL for work related issues? | Yes / No | Enter text. |
| **Stress and wellbeing** |
|  | Have any concerns about managing working hours, workload or work–life balance been addressed? | Yes / No | Enter text. |
|  | Does the employee know where to find help and advice from UCL on staff wellbeing? | Yes / No | Enter text. |
|  | Does the employee know of the independent counselling service provided by Care First? | Yes / No | Enter text. |
| **Work Equipment** |
|  | Is the employee aware of UCL policy for providing suitable work equipment? | Yes / No | Enter text. |
|  | Does the employee have all the correct equipment, software and appropriate internet connection available to use? | Yes / No | Enter text. |
|  | Has the employee been trained in how to use the software? | Yes / No | Enter text. |
|  | Are important files and laptops kept locked away securely when notin use? | Yes / No | Enter text. |
|  | Is the employee aware of the process for troubleshooting and maintenance of equipment? | Yes / No | Enter text. |
|  | Is the employee aware of how to suitably set up the homeworking environment (e.g. printers and monitors)? | Yes / No | Enter text. |
|  | Is the employee aware how to back-up data to a secure location? | Yes / No | Enter text. |
| **Manual Handling** |
|  | Is the employee aware of good manual handling technique? | Yes / No | Enter text. |
|  | Can the employee easily reach everything that they need without twisting and straining? | Yes / No | Enter text. |
|  | Are heavy items stored on mid to lower shelves? | Yes / No | Enter text. |
| **Electrical** |
|  | Is the fixed electrical system in good condition (e.g. no damaged sockets or wiring)? | Yes / No | Enter text. |
|  | Are there enough sockets? | Yes / No | Enter text. |
|  | Does the employee know how to check work equipment visually for faults and the departmental arrangements for portable appliance testing where necessary?<https://www.hse.gov.uk/pubns/indg236.pdf>  | Yes / No | Enter text. |
|  | Has portable electrical equipment been checked to ensure there are no faults that need addressing now? | Yes / No | Enter text. |
| **Fire** |
|  | Are flammable materials (e.g. paper) and ignition sources (e.g. cigarettes) kept to a minimum? | Yes / No | Enter text. |
|  | Does the employee have emergency arrangements in place in case of fire? | Yes / No | Enter text. |
|  | Is there a smoke detector or fire alarm that is regularly checked? | Yes / No | Enter text. |
| **Emergency** |
|  | Are there first aid supplies available in the home (e.g. plasters, bandages)? | Yes / No | Enter text. |
|  | Does the employee know the location of the nearest hospital and A&E? | Yes / No | Enter text. |
|  | Does the employee know how to report incidents on riskNET? | Yes / No | Enter text. |

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| **Further Comments** |
| Are there any other concerns? Please specify |
| Enter text. |

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| --- | --- | --- | --- |
| **Line Manager** | Enter text. | **Date** | Click or tap to enter a date. |
| **Job Title** | Enter text. | **Department** | Enter text. |

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| **Signature to confirm all actions identified have been completed** | Print name |