**NOTE!** Please tailor this example questionnaire to your own workplace, this list is by no means exhaustive.

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| **GENERAL INFORMATION:** |
| **Company Name:** |  |
| **Person Completing Assessment:** |  |
| **Signature:** |  | **Date:** |  |

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| **QUESTIONNAIRE:** |
| **RISK ASSESSMENT:**  | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Have risk assessments been carried out for all work activities? |  |  |  |  |
| Have you got copies of those risk assessments? Do you understand them? |  |  |  |  |

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| **EVALUATION OF FIRE RISK:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Is the work area tidy? |  |  |  | Is storage of materials good? |
| Are exit routes clear? |  |  |  | Check this regularly to prevent build up. |
| Are waste materials regularly disposed of? |  |  |  |  |
| Do you have an emergency escape plan?  |  |  |  | Think through an emergency in your home and what you would do  |
| Do you have smoke alarms fitted?  |  |  |  | Alarms should be tested weekly & batteries as required or at least annually  |
| Do you have a suitable fire extinguisher readily at hand in your work area?  |  |  |  | Not always necessary but will depend on equipment being used at home |
| Do you switch off all the electrical equipment when work is finished? |  |  |  |  |

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| **HOMEWORK ELECTRICAL EQUIPMENT:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Do you check your equipment daily? |  |  |  |  |
| Is there any apparent damage?  |  |  |  | Chaffed wires, loose wires, cracked body on the equipment  |
| Any evidence of overheating?  |  |  |  | Burn marks, smell etc |
| Any obvious damage to leads or plugs?  |  |  |  |  |
| Are the cables secure in all plugs?  |  |  |  |  |

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| **SLIPS TRIPS & FALLS IN YOUR WORK AREA:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Are all floor coverings secure, and without defects?  |  |  |  | This must include stairways if used as part of work access |
| Are all walking areas clear of tripping hazards e.g. trailing cables and hoses?  |  |  |  |  |
| When sat at your desk / work bench can you move your legs & upper body together without twisting  |  |  |  |  |

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| **WORKING ENVIRONMENT:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Is the working temperature comfortable?  |  |  |  |  |
| In the work area is there fresh air?  |  |  |  | Good ventilation – are fans in use |
| Do you have adequate lighting, including any necessary task lighting?  |  |  |  | This is just for your work areas including stairways |
| **MANUAL HANDLING:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Do you carry out any abnormal Manual Handling activities at home?  |  |  |  |  |
| Have you been trained for manual handling? |  |  |  |  |
| Do you carry materials and/or equipment a long distance to your work area? |  |  |  |  |
| Do you unload/load your own vehicle when collecting or delivering materials to and from your company premises? |  |  |  |  |

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| **DISPLAY SCREEN EQUIPMENT (DSE)** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Do you use DSE for more than an hour a day on a regular basis?  |  |  |  |  |
| If the answer is yes – have you carried out a DSE workplace assessment? |  |  |  |  |
| Have you an adjustable work chair? |  |  |  |  |
| Is your screen height adjustable? |  |  |  |  |
| Have you leg room under your desk? |  |  |  |  |
| Have you completed DSE Training? |  |  |  |  |
| Do you have all of the necessary equipment to enable you to achieve a comfortable working position? |  |  |  |  |

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| **DRIVING:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Do you drive a vehicle for your work activity?  |  |  |  | This includes delivery and collection of materials from the company |
| If Yes, is your vehicle insured for business use?  |  |  |  |  |
| If required, has your vehicle a valid MOT?  |  |  |  |  |
| Do you hold a current driving licence?  |  |  |  |  |

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| **WORKING ALONE** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| If you work alone (no one in the premises with you) do you phone a contact regularly?  |  |  |  |  |
| Do you carry a mobile phone?  |  |  |  |  |
| Is your security sufficient – are you at risk of personal attack?  |  |  |  |  |

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| **HAZARDOUS SUBSTANCES / PROCESSES** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Will you be expected to carry out any work with hazardous substances?  |  |  |  |  |
| If yes, has a COSHH assessment been completed – have you a copy?  |  |  |  |  |
| If yes, have you the provision of any personal protective equipment you may need?  |  |  |  |  |
| Do you wear the required PPE? |  |  |  |  |

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| **ACCIDENTS / FIRST AID:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Do you know the procedure for reporting any accidents or work-related illness?  |  |  |  | You must report all accidents |
| Do you have a first aid kit available when working at home?  |  |  |  |  |

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| **ABOUT YOU:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Have you any health problems which your company should know about? |  |  |  | Discuss them with your manager |
| Do you suffer any discomfort or ill health that you believe has resulted from your work?  |  |  |  |  |

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| **YOUR SECURITY / MATERIAL SECURITY:** | **YES** | **NO** | **N/A** | **COMMENTS:** |
| Is your final exit door secured by mortice deadlock?  |  |  |  |  |
| All other external doors similarly secured or by Morticed security bolts?  |  |  |  |  |
| Do key operated window locks secure all accessible windows? Laptop and confidential files locked away when not in use?  |  |  |  |  |

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| **OTHER WORK EQUIPMENT**LIST BELOW WORK EQUIPMENT USED: |
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| **RECOMMENDATIONS & ACTIONS** |
| **ACTION REQUIRED:** | **PERSON RESPONSIBLE:** | **DATE DUE BY:** |
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| **ASSESSMENT APPROVED BY:**(RETURN THIS ASSESSMENT TO YOUR MANAGER TO ACTION WHERE REQUIRED) |
| **Name of Assessor:**  |  |
| **Date of Assessment:** |  |
| **Date for Review:** |  |