**SELF RISK ASSESSMENT CHECKLIST**

This form will be used to assist your manager and the Health and Safety team to ensure that your working conditions at home comply with current best practice.

|  |  |
| --- | --- |
| **Name:**  | **Date of completion:**  |
| **Address where assessment was undertaken:**  | **Job Title:** **Department:**  |
|  |
| **Security of Information** | **Yes** | **No** | **Comments** |
| Is your home secure from intruders? |  |  |  |
| Are all the windows closed when you leave your home? |  |  |  |
| How many other people in your accommodation have access to the area where you will be undertaking CCG business? |  |  |  |
|  |
| **Confidentiality** | **Yes** | **No** | **Comments** |
| Are laptop and confidential files locked away when not in use? |  |  |  |
| I have procedures in place to ensure that family members or others who come into my home do not have access to confidential information e.g. not being overheard while on the phone or access to written or electronic information. |  |  |  |
| Are your passwords and PIN numbers kept secure and not divulged to anyone? |  |  |  |
| I can confirm that no confidential data will be stored on the hard disk of my non work computer. |  |  |  |
| I can confirm that I will not transport any confidential data on an unauthorised and/or non-encrypted storage devices (PC Hard Drives, Memory sticks or CDs) |  |  |  |
| I will shred confidential documentation. |  |  |  |
|  |
| **Fire** | **Yes** | **No** | **Comments** |
| Is the work area tidy? |  |  |  |
| Are waste materials regularly disposed of? |  |  |  |
| Are exit routes clear? |  |  |  |
| Do you have an escape plan? |  |  |  |
| Is a smoke alarm fitted? Alarms should be tested regularly. |  |  |  |
| Do you have a suitable fire extinguisher readily at hand? |  |  |  |
| Have you been trained how to use it safely? |  |  |  |
|  |
| **Electrical Equipment (either CCGs or your own but used for CCG work)** | **Yes** | **No** | **Comments** |
| Any apparent damage? Cracked casing, missing screws etc |  |  |  |
| Any evidence of overheating? Look for discolouration |  |  |  |
| Any obvious damage to leads or plugs? |  |  |  |
| Are the cables secure in all plugs? |  |  |  |
|  |
| **Slips Trips & Falls (Work areas)** | **Yes** | **No** | **Comments** |
| Are floor coverings sound and without defects? |  |  |  |
| Are walkways clear of tripping hazards e.g. trailing cables? |  |  |  |
| When seated at your desk can you move your legs & upper body together without twisting? |  |  |  |
|  |
| **Working Environment** | **Yes** | **No**  | **Comments** |
| Is the temperature comfortable? |  |  |  |
| Is the ventilation comfortable? |  |  |  |
| Do you have adequate lighting? |  |  |  |
|  |
| **Manual Handling** | **Yes** | **No** | **Comments** |
| Do you carry out any abnormal Manual Handling activities? |  |  |  |
| Have you completed the CCG Manual Handling course? |  |  |  |
|  |
| **Display Screen Equipment** | **Yes** | **No** | **Comments** |
| Do you use a screen for more than an hour a day on a regular basis? |  |  |  |
| Are you aware of the CCG’s policy on eye tests? |  |  |  |
|  |
| **Accidents / First Aid** | **Yes** | **No** | **Comments** |
| Do you know the procedure for reporting any accidents or work related illness? |  |  |  |
| Do you have a first aid kit available when working at home? |  |  |  |

If you have answered NO to any of these questions you must discuss with your manager.

|  |
| --- |
| **Any other comments you have regarding your working environment, please list here:** |

Signature:……………………………………………………………..

Job Title:………………………………………………………………

Date:……………………………………………………………………