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| **REMOTE WORKER SELF-ASSESSMENT** | | | |
| **This listing is to be used to assess your remote working environment. If these questions raise concerns, you should report them to the relevant person in your organisation.** | | | |
| Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1 | Have all portable electrical equipment provided by your employer, been inspected and tested in accordance with your company’s PAT testing policy and procedure? | Yes □ | No □ |
| 2 | Do you have any safety concerns regarding any electrical equipment provided by your employer? | Yes □ | No □ |
| 3 | Do you know how to carry out a user check of your portable electrical equipment? | Yes □ | No □ |
| 4 | Do you have any concerns about fire safety in your remote work space relating to your work activities or work equipment? | Yes □ | No □ |
| 5 | Do you have smoke alarms installed in your home / workspace? | Yes □ | No □ |
| 6 | Is the floor area in your remote work space free from trip hazards (e.g. damaged floors, trailing wires or cables)? | Yes □ | No □ |
| 7 | Are you able to safely reach all items stored at height in your remote work space? | Yes □ | No □ |
| 8 | Is your work equipment suitable for the work that is being done? | Yes □ | No □ |
| 9 | Is your work equipment properly maintained and in good working order? | Yes □ | No □ |
| 10 | Do you have the necessary skills and competence to carry out your work remotely? | Yes □ | No □ |
| 11 | Has a DSE risk assessment been completed for your computer workstation? | Yes □ | No □ |
| 12 | Do you have any concerns about your computer workstation setup or use that you can’t resolve? | Yes □ | No □ |
| 13 | Do you feel that you need manual handling training for your job? | Yes □ | No □ |
| 14 | Do you require equipment to allow loads to be moved more easily (e.g. a trolley)? | Yes □ | No □ |
| 15 | Have you been issued with the necessary personal protective equipment for your work (as outlined in your work procedures)? | Yes □ | No □ |
| 16 | If you use PPE for your work, is it in good condition and does it fit you properly? If no PPE is required, select yes. | Yes □ | No □ |
| 17 | Do you feel that you have sufficient amount of personal contact with your manager and other work colleagues? | Yes □ | No □ |
| 18 | Do you feel that there are pressures being placed on you that you cannot cope with and are making you feel unwell? | Yes □ | No □ |
| 19 | Do you feel safe in your remote work space when at work? (e.g. safe from unwanted visitors) | Yes □ | No □ |
| 20 | If you had a health and safety issue or concern, or there was an incident that required reporting, do you know how to report them? | Yes □ | No □ |
| 21 | Are there any other significant hazards in your remote work space that you are not able to manage? | Yes □ | No □ |
| 22 | Do you have a list of contact numbers for emergencies in your remote work space? | Yes □ | No □ |
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