

**RISK ASSESSMENT FINDINGS**

|  |  |
| --- | --- |
| **Department/Service** |  |
| **Date** |  |
| **Assessor** |  |
| **Approved By** |  |
| **Review Date** |  |

**Relevant Legislation:**

The Management of Health and Safety at Work Regulations 1999

**RISK ASSESSMENT RECORD**

**ACTIVITY and/or ENVIRONMENT TO BE ASSESSED: Home Working**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KEY (People at risk)** | **Likelihood (L)** | **Severity (S)** | **Risk Calculation** | **Risk Rating** |
| E = Employee YP = Young Persons  P = Public  C = Contractors  V = Visitors  EM = Expectant Mothers | 1. Very Low (rare/very unlikely)  2. Low (unlikely)  3. Medium (could occur/possible)  4. High (likely to occur/probable)  5. Very High (near certain to occur) | 1. Insignificant (nuisance/discomfort)  2. Minor (no lost time)  3. Moderate (time loss)  4. Significant (serious/incapacity to work)  5. Major (Death) | Likelihood x Severity  =  Rating | **1- 6** **LOW RISK** Monitor   * 1. **MEDIUM RISK** Monitor, review & reduce risk where possible   **14-25** **HIGH RISK** Further Action Required |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.Hazards Identified and potential harm it could cause** | **2. People**  **At Risk** | **3.Controls in Place** | **4.Risk Rating** | | | | **5. Further Action Required/ Recommendations** | **6.Target Date for Completion** |
| **L** | **S** | **Score** | **Risk** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Property |  | * Line manager has details of location and contact details * No restrictions on working from home with home insurance company/mortgage lender/ landlord etc. |  |  |  |  | Are there any hazards that would affect the delivery/ collection/storage of company-related materials/ equipment |  |
| Fire |  | * Work area tidy is kept tidy * Work-related waste materials regularly removed from the area and disposed of correctly (e.g. confidential waste /waste paper) * Exit routes kept clear * Smoke alarm fitted |  |  |  |  |  |  |
| Work Related Electrical Equipment |  | * Is portable equipment (e.g. laptop) provided by RMBC * Regularly check equipment and installations for obvious signs of damage |  |  |  |  | Issued equipment to be encrypted |  |
| Slips/Trips/Falls |  | * Floor coverings sound * Walkways clear of tripping hazards e.g. Trailing cables |  |  |  |  |  |  |
| Working Environment |  | * Sufficient space to do the work safely * Temperature adequate - means of cooling/heating in place * Ventilation adequate * Adequate lighting * Work activity doesn’t pose any risk to any other people in the household |  |  |  |  | DSE checklist/Risk Assessment |  |
| Manual Handling |  | Relevant training if any manual handling activities carried out |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |