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| **Hybrid Working Assessment Checklist** |  |

Use this checklist as a prompt to think about possible hazards in your working area away from the University. Once completed, this can be used in discussion with your line manager to confirm working arrangements and help you complete a more detailed assessment if required.

| **Employee Name** |  |
| --- | --- |
| **Faculty/Directorate** |  |
| **Line Manager** |  |

|  | **Y or N** | **Comments** |
| --- | --- | --- |
| **Hybrid Working Environment** |  |  |
| 1. Is there adequate space in the area you are working in to work safely? |  |  |
| 2. Is your working area free from tripping hazards (eg, trailing cables)? |  |  |
| 3. Are objects like equipment, bags, paper, files and books stored safely? |  |  |
| 4. Is there a comfortable working temperature? |  |  |
| 5. Is there adequate lighting? |  |  |
| **Display Screen Equipment** |  |  |
| 1. Have you completed the DSE e-learning module? |  |  |
| 2. Have you completed a DSE self-assessment form covering your workstation(s) including home (only if applicable)? |  |  |
| **Emergency Actions** |  |  |
| 1. Do you have access to basic first aid provisions? |  |  |
| 2. Do you know what to do in an emergency, and have you worked out a fire drill so you and anyone else in the house knows what to do and where to go in case of a fire? |  |  |
| 3. Are smoke detector/s fitted? |  |  |
| 4. Are you familiar with the University procedures for accident and incident reporting? |  |  |
| **Electrical Safety** |  |  |
| 1. Are University-owned portable electrical appliances PAT tested with a sticker applied? |  |  |
| 2. Do you carry out frequent visual checks on plugs, wiring and casings of electrical equipment? |  |  |
| **Other** |  |  |
| If you experience any difficulties whilst working away from your office, **please raise this with your line manager in the first instance** | | |

| **Date Completed by employee** |  |
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Once you have completed the checklist, please forward it on to your line manager/supervisor

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**Line Manager Information**

Please review the information provided, where the employee has answered ‘No’ you will need to review the arrangements and address any issues raised.

| **Please tick here if no action is required** |  |
| --- | --- |
| **Actions Taken** | Please confirm these with the employee |
| **Date Completed by line manager** |  |

**Please retain this form locally.**