

Risk Assessment

ChilledWeb Limited

| Doc Name: Risk Ass | Risk Assessment | | CWRAF |
|------------------------|-----------------|-------------|-------|
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Overview

Please use the following risk assessment form to enable us to work together to understand how safe your home working space is.

Look at each of the risks in the first column, answer 'yes' or 'no' as applicable and make a note of what you believe needs to be done to reduce or remove the risk if necessary.

Once completed, please forward the completed form to one of the Company Directors; they will then schedule a meeting with you to discuss any actions that need to be tracked/followed up.



Date:

Assessor:

Location of Assessment:

| Risk | Voo/No | Action Doquirod |
|-------------------------------|----------|-----------------|
| RISK | res/no / | Action Required |
| Desk Area | | |
| Do you have adequate | | |
| space to work comfortably? | | |
| Is there enough space | | |
| underneath your desk to | | |
| stretch your legs? | | |
| Are there trailing electrical | | |
| cables around your working | | |
| area that need to be tied | | |
| up? | | |
| Is your working area warm, | | |
| well-lit and well-ventilated? | | |
| Do you need a desk lamp to | + | |
| improve lighting? | | |
| Is your working area clutter | | |
| free so that you can focus | | |
| easily on the task? | | |
| | | |
| Display Screens Set-Up | | |
| Is your desk chair set up | | |
| correctly? Is your lower | | |
| back supported, are there | | |
| armrests and are your feet | | |
| flat on | | |
| the floor? | | |
| Do you have enough | | |
| surface space on your desk | | |
| to work comfortably? | | |
| Are your keyboard and | | |
| mouse clean and within | | |
| easy reach, without having | | |
| to stretch? | | |
| Is your display screen clean | | |
| and positioned so there is | | |
| no glare from a window or | | |
| light? | | |
| Is your display screen level | | |
| with your eyes so it doesn't | | |
| cause discomfort to your | | |
| neck or head? | | |



| Can you easily reach | |
|------------------------------|--|
| everything that you need | |
| without twisting and | |
| straining your upper body? | |
| | |
| Fire and Electrical Safety | |
| Are smoke detectors | |
| working and checked | |
| regularly, e.g. every month? | |
| Do you regularly dispose of | |
| waste, including papers, to | |
| prevent a build- up of fire | |
| 'fuel'? | |
| Does any electrical | |
| equipment spark or show | |
| signs of burns and so needs | |
| removing from use? | |
| Do any wires look damaged | |
| or frayed and so need | |
| removing from use? | |
| Do you regularly inspect | |
| your electrical equipment to | |
| check for signs of wear and | |
| tear? | |
| Do you switch off | |
| equipment when not in use? | |
| Do you have emergency | |
| arrangements in place in | |
| case of fire? | |
| | |
| Stress and Welfare | |
| Do you take regular breaks | |
| away from your | |
| workstation? | |
| Do you carry out regularly | |
| stretches at your desk to | |
| avoid stiff or sore muscles? | |
| Do you sit with a good | |
| posture or are you hunched | |
| over the desk? | |
| Do you have easy access to | |
| first aid equipment if | |
| required? | |
| Do you have your eyes | |
| tested every year? | |
| Can you easily reach | |
| everything that you need | |
| without twisting and | |
| straining your upper body? | |
| | |



| Manual Handling | |
|------------------------------|--|
| Are all items that you need | |
| for work within easy reach? | |
| Are heavy items stored on | |
| lower shelves to avoid the | |
| need for lowering them? | |
| Do you know how to | |
| correctly pick up, carry and | |
| lower heavy items? | |
| | |
| Slips, Trips and Falls | |
| Are floor coverings, such as | |
| carpets and rugs, secure? | |
| Do you frequently carry hot | |
| drinks and food upstairs/ | |
| downstairs and risk | |
| tripping? | |
| Are stairways and corridors | |
| clear of trip hazards? | |
| Is the floor area around | |
| your desk clear of boxes, | |
| papers and wires? | |
| | |
| Lone Working | |
| Are you familiar with the | |
| ChilledWeb lone working | |
| health and safety policy? | |
| Do you know the name and | |
| number of a manager who | |
| you can get in touch with | |
| easily? | |
| Do you have access to the | |
| team Forum and WhatsApp | |
| Groups for regularly | |
| 'checking in' each day? | |
| Is your home kept secure | |
| whilst you're working there? | |

| Number of Actions Required: | |
|-----------------------------|--|
| Date Actions Completed: | |