

TSHE 102 - Princess Yachts Risk Assessment

Title: RA/2019/113 – Home Working

Date: 16/03/2020

Next Review: 15/03/2023



Assessor(s): <i>(Insert FULL Names)</i>	Darren Loben	Reason for Assessment/ review <i>(Please Tick)</i>		Please provide details of reason for change: New document
	Matt Clark	Significant risk	<input type="checkbox"/>	
		Post-accident/ hazard ID	<input type="checkbox"/>	
	Change in Organisation	<input type="checkbox"/>		
Participated by: <i>(Insert FULL Names)</i>	Terri Rae	Change/ new Process	<input checked="" type="checkbox"/>	
	Tom Gregerson	Change In Legislation	<input type="checkbox"/>	
		Two yearly Review	<input type="checkbox"/>	
Department:	Home Working	Communication method		
Owner:	All Managers			

DESCRIPTION OF TASK

Significant risks within the operational business for home working employees activities.

SCORING METHODOLOGY

Likelihood (L): <ul style="list-style-type: none"> 1 = Unlikely 2 = Occasional/Possible 3 = Frequent 4 = Regular 5 = Common 	Severity (S) <ul style="list-style-type: none"> 1= No Injury 2 = Minor/First Aid 3 = 7 Day absence 4 = Major 5 = Fatal 	RISK = Likelihood x Severity Tolerable risk target is 5 or less	5	10	15	20	25
			4	8	12	16	20
			3	6	9	12	15
			2	4	6	8	10
			1	2	3	4	5

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RISK ASSESSMENT (Prioritise risk from Highest to lowest risk)												
What are the Hazards?	What are the Risks & to whom?	Initial risk rating			Existing controls	Residual risk rating			Additional controls or comments	Action by whom?	Action by when?	Date reviewed
		L	S	R		L	S	R				
Display screen equipment	Musculoskeletal injury – User at risk	3	3	9	<ul style="list-style-type: none"> Individual Display Screen Assessment must be conducted by the employee and submit to their respective manager, taking into account the area to be used for working 	1	3	3				
Slips, Trips and falls (Fall from the same level)	Minor/ Serious Injury Slips, Trips and falls – employee and other household members	2	4	8	<ul style="list-style-type: none"> Ensure home working environment is appropriately set up and that all slip and trip hazards are removed 	1	4	4				
Electrical Safety	Electric Shock and/ or Fire – employee and other household members	5	5	25	<ul style="list-style-type: none"> Portable Appliance Testing for all work equipment to be used at home Ensure all equipment is turned off when not in use 	1	5	5				

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		L	S	R		L	S	R				
Transiting between sites	Road traffic Incident - employee	5	5	25	<ul style="list-style-type: none"> Hold valid UK driving license Vehicle to have business insurance, tax and valid MOT (where applicable) 	1	5	5				
<ul style="list-style-type: none"> Managers are to ensure they have an agreed method of communication and reporting with employees working from home. This MUST be agreed and tested. PYL policies regarding drugs and alcohol apply whilst working at home. 												

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OTHER ACTIONS

Please indicate if other documents need to be reviewed, created or deleted following this risk assessment: *(if not applicable insert N/A)*

Document <i>(Please tick)</i> <i>(double click on box and press checked)</i>	Document REF number: (that requires review)	By Who? <i>(Insert FULL Name)</i>	Date By: <i>(DD/MM/YYYY)</i>	Date Completed: <i>(DD/MM/YYYY)</i>
Safe Systems of Work (SSoW) <input type="checkbox"/>				
Other risk assessments? <input type="checkbox"/>				
WES / CWI / GWI <input type="checkbox"/>				
Policy <input type="checkbox"/>				
Procedure <input type="checkbox"/>				
COSHH <input type="checkbox"/>				
Occupational Health Surveillance Required <input type="checkbox"/>				
OTHER: <i>(Please specify)</i> <input type="checkbox"/>				

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SIGNATURES

Risk assessments must be completed for SIGNIFICANT RISK and must be read and signed by all parties involved:

Employees FULL NAME (BLOCK CAPITALS)	Employees SIGNATURE	Date SIGNED

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RISK ASSESSMENT APPROVAL

Line Manager Approval

"I" the Line Manager believe that the above risk assessments captures the relevant risks related to the work activity and agree that all the actions will be implemented in line with the "Action By" Date.

FULL Name:

Signature:

Date:

- All completed risk assessments must be signed and electronically sent to the SH&E dept. coordinator
- Any employee completing this task must be aware of the risks involved.