# Coronavirus – Home Working Arrangements – Audit Checklist & Follow up Actions

# Name: ………………………………………………

|  |  |
| --- | --- |
| Home Working Capacity Audit  |  |
|  | **Yes/No + comments** | **Follow Up Action** | **By When** | **By Who** | **Action Complete** |
| Do you have any underlying health conditions that may put you into the ‘vulnerable’ group in respect of the Coronavirus |  |  |  |  |  |
| If necessary are you able to work from home? |  |  |  |  |  |
| Are there any additional considerations that may limit or present a problem for working at home e.g. childcare, carer etc.  |  |  |  |  |  |
| Do you have access to a Company Laptop |  |  |  |  |  |
| Do you have Internet access/good broadband connectivity at home |  |  |  |  |  |
| Personal and/or company Mobile Phone Please add number(s) |  |  |  |  |  |
| Landline number – if available please add number |  |  |  |  |  |
| Is there a suitable space within your home to create a safe working home hub i.e. desk, chair, quiet space etc? |  |  |  |  |  |
| Other requirements - Please detail |  |  |  |  |  |