**Working from Home Safety and Wellbeing Checklist** *(Complete items only if applicable. Leave blank if not)*

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| --- | --- |
| **Employee’s Name** |  |
| **Department** |  |
| **Phone Number** |  |

| **Work Environment** | **Yes** | **No** |
| --- | --- | --- |
| **Designated Work Area** |
| * A designated work/study area has been identified which provides sufficient clear space to enable the employee to have full range of movement required to work without risk of strain or injury.
 | □ | □ |
| * There are no trip hazards (e.g. cabling, mats, clutter)
 | □ | □ |
| **Environmental Conditions** |
| * Lighting is adequate for the tasks being performed (i.e. easy to see and comfortable on the eyes)
 | □ | □ |
| * Glare and reflection can be controlled
 | □ | □ |
| * Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow)
 | □ | □ |
| * There is no excessive noise affecting the work area
 | □ | □ |
| * Non-smoking environment
 | □ | □ |
| * For double storey homes, it is recommended that all work is undertaken on the ground floor or same level where practicable.
 |  |  |
| * + There are appropriate amenities (e.g. kitchen, bathroom)
 | □ | □ |
| * + Stairs (if any) contain a continuous hand rail from top to bottom
 | □ | □ |
| **Emergency Exit** |
| * Path to the exit is reasonably direct
 | □ | □ |
| * Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage
 | □ | □ |
| **Security** |
| * Security is sufficient to prevent unauthorised entry by intruders
 | □ | □ |
| **Electrical** |
| * Power outlets are not overloaded with double adapters and power boards
 | □ | □ |
| * Earth leakage circuit protection is in place for work related equipment
 | □ | □ |
| * Electrical cords are safely stowed
 | □ | □ |
| * Connectors, plugs and outlet sockets are in a safe condition
 | □ | □ |
| * Electrical equipment is free from any obvious external damage
 | □ | □ |

| **Workstation Set Up** | **Yes** | **No** |
| --- | --- | --- |
| **Work Surface** |
| * The area of the work surface is adequate for the tasks to be performed (i.e. similar work space to that used while the person is at the office)
 | □ | □ |
| * A document holder is used if transcribing information from hard copy to computer or if referring to reference material for prolonged periods
 | □ | □ |
| * The most frequently used items are within easy reach from the seated position
 | □ | □ |
| * There are no sharp contact points on the workstation or other equipment
 | □ | □ |
| **Chair** |
| * The seat height, seat tilt, angle and back rest are all adjustable
 | □ | □ |
| * The chair has a 5-point base to ensure stability (does not slip or roll) on the floor
 | □ | □ |
| * There is adequate lumbar support and padding
 | □ | □ |
| * The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor
 | □ | □ |
| * The seat back is adjusted to support the lumbar curve of the lower back
 | □ | □ |
| * The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater
 | □ | □ |
| * Chair arms are not present or are low enough to easily clear the desk
 | □ | □ |
| **Desk**

| * The desk is at a suitable height
 | □ | □ |
| --- | --- | --- |
| * There is adequate leg room under the desk, and no clutter
 | □ | □ |
| * A footrest is available if needed
 | □ | □ |

**Keyboard and Mouse** |
| * Keyboard to user distance allows user to relax shoulders with elbows close to the body
 | □ | □ |
| * Keyboard position is flat and in front of the screen
 | □ | □ |
| * Mouse is placed directly next to the keyboard, fits hand comfortably and works freely
 | □ | □ |
| * Mouse is at same level as the keyboard
 | □ | □ |
| **Monitor** |
| * Monitor height is adjusted so top of the screen is level with or at slightly lower height than eye level (approx. 400mm above the work surface)
 | □ | □ |
| * Monitor is approx. arm’s length from user
 | □ | □ |
| * Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source
 | □ | □ |
| **Laptop (complete if applicable)** |  |  |
| * In the event of using a laptop computer:
 |  |  |
| * + a laptop stand is used to raise the laptop screen such that it is the same height as the user’s eyes
 | □ | □ |
| * + an external keyboard and mouse is used with the laptop
 | □ | □ |

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| **Nature of Tasks** | **Yes** | **No** |
| **Physical Demands of Tasks** |
| * Safe posture is adopted
 | □ | □ |
| * Any lifting, pushing or carrying type task is well within physical capacity (i.e. my work does not involve physically heavy, overly repetitious or demanding tasks)
 | □ | □ |
| **Work Practices** |
| * Wrists are kept straight and not supported on surface while typing
 | □ | □ |
| * Sitting posture is upright or slightly reclined, with lower back supported
 | □ | □ |
| * The telephone is within easy reach from the seated position
 | □ | □ |
| * Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching
 | □ | □ |
|  |  |  |
| **Emergency procedures, incidents and check-in** | **Yes** | **No** |
| **Other** |
| * A procedure has been established to periodically confirm with the office workplace that the home worker is safe and well
 | □ | □ |
| * Telephone or other communication devices are readily available to allow effective communication in an emergency situation
 | □ | □ |
| * Emergency contact numbers and details are known, i.e. 000 for fire, ambulance or police
 | □ | □ |
| * Access to first aid supplies is available
 | □ | □ |
| * A smoke detector is installed in/near the designated work area and is properly maintained
 | □ | □ |
| * Any safety incidents will be reported using the business’ incident reporting system

  | □ | □ |
| **Individual factors** |
| * The employee’s fitness and health is suitable to the tasks to be undertaken
 | □ | □ |
| * **Important:** Any special needs to ensure health and safety have been advised to the manager and can be accommodated (e.g. are there any pre-existing injuries, illness or disease that could be accelerated, exacerbated, aggravated, re-occur or deteriorate in performing the inherent requirements of the role – especially when working remotely from a home-based office)
 | □ | □ |
|  |  |  |
| **Remote access**  | **Yes** | **No** |
| * A request for a remote access to IT systems has been made and approved by the manager or cloud-based systems are in place to allow remote working.
 | □ | □ |

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| --- | --- | --- |
| **Plan of the home-based office** | **Yes** | **No** |
| * A plan/photograph of the home-based work office is attached to the checklist and includes desk layout, power outlets, telephone and lighting
 | □ | □ |

**Correction to work environment if required.**

Manager to complete as necessary (i.e. where ‘No’ is answered to any of the above questions in the checklist)

|  |  |  |
| --- | --- | --- |
| **Checklist Item** | **Correction required and by who and when** | **Date corrected** |
| *Example:**Unsatisfactory chair* | *An ergonomic chair will be purchased by person requesting working from home arrangements* | *XX XX XXXX* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Manager’s review and approval**

|  |  |  |
| --- | --- | --- |
| **Approval** | **Yes** | **No** |
| * The person listed has demonstrated the requisite degree of self-organisation, motivation, etc. to work independently from home
 | □ | □ |
| * I have reviewed the checklist for the person listed and I am confident that the safety and wellbeing requirements are met to approve to work from home
 | □ | □ |
| * The employee understands that the costs associated with any required equipment will be borne by the employee.
 | □ | □ |

Authority to work from home cannot be granted where there are corrections required or where you have indicated a ‘No’ in the approval above.

Where corrections are required, **do not** sign Part C until corrections are completed and request to work from home arrangements are reviewed. Part B will need to be completed and actioned before approval is given and authority to work from home is granted.

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| --- | --- |
| **Signed**  |  |
| **Name (Please print)** |  |
| **Date** |  |