

Working from Home Self-Assessment Checklist

Employee Name		Date	
Home Address			
Email Address		Phone	
Position Title			
Branch / Department		Manager / Supervisor	

Advice on safe working practices

- I am aware of our Workplace Health and Safety policies and procedures and where to locate them, should I need any further clarification.

Workstation Checklist

Check the 'Yes' box beside each item once it has been achieved. If the item is not applicable, record 'N/A' in the 'Yes' column. If you are unable to complete the described adjustment in anyway check 'No'.

Chair	Yes	No
Do you have use of an Ergonomic chair (height adjustable, back rest & seat pan adjustable, 5-star base) in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Is it safe and practical to transfer your office based Ergonomic chair to your residence?	<input type="checkbox"/>	<input type="checkbox"/>
If an Ergonomic chair is not in use provide a brief description of chair being utilised:		
Are you able to position your chair as follows:		
If present, armrests should be short, fit under the desk and adjustable.	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the height of the seat so that your feet are flat on the floor and thighs are horizontal.	<input type="checkbox"/>	<input type="checkbox"/>
The distance between the front of your seat pan and the back of your knee should be at least 2 cm.	<input type="checkbox"/>	<input type="checkbox"/>
Set the tilt of the seat pan to horizontal or slightly forward to your own preference.	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the support in your backrest to fit it with the curve of your lower back. Fit the backrest where the most comfortable position is found.	<input type="checkbox"/>	<input type="checkbox"/>
Adjust the position of the backrest until a comfortable pressure is exerted on the lower back while seated. Your shoulders should be positioned behind your hips.	<input type="checkbox"/>	<input type="checkbox"/>

Chair	Yes	No
If using a standing desk (or bench), ensure the height of the surface is just below elbow height, elbows are able to be in line with shoulders and the computer screen is at arm's length from you.	<input type="checkbox"/>	<input type="checkbox"/>

Desk	Yes	No
Do you have use of a designated desk / workstation?	<input type="checkbox"/>	<input type="checkbox"/>
If a designated workstation is not available to you provide a brief description of where you will be working:		
If the desk is height adjustable? Are you familiar with how to adjust it to the appropriate heights for seated and/or standing work?	<input type="checkbox"/>	<input type="checkbox"/>
If the desk is not adjustable, position the height of the chair to enable you to access the keyboard with relaxed shoulders and elbows in line with shoulder and -bent at around 90°.	<input type="checkbox"/>	<input type="checkbox"/>

Footrest	Yes	No
Now that your chair is fitted to your desk are your feet still flat on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
If no, is a footrest positioned to provide support to both feet.	<input type="checkbox"/>	<input type="checkbox"/>
If no, has a temporary alternative been put in place to provide support until a footrest can be provided.	<input type="checkbox"/>	<input type="checkbox"/>

Laptop	Yes	No
Where a Laptop is the primary work tool, is a separate keyboard, mouse, laptop stand & optional external monitor in place and set up for safe work practices.	<input type="checkbox"/>	<input type="checkbox"/>
If all equipment has not been provided, what do you have:		
• Keyboard	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse	<input type="checkbox"/>	<input type="checkbox"/>
• Laptop stand	<input type="checkbox"/>	<input type="checkbox"/>
• External Monitor	<input type="checkbox"/>	<input type="checkbox"/>

Monitor	Yes	No
Number of monitors in use <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three		
• Can you position the screen, so it is level or slightly lower than your eyes when sitting upright, arm's length away and viewed comfortably?	<input type="checkbox"/>	<input type="checkbox"/>

Keyboard and Mouse	Yes	No
Are you able to position the keyboard to it sits flat on the desk, is centred to your body and within easy reach so your elbows and shoulders are in line?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to position your mouse within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>

Document Holder	Yes	No
As part of your role are you having to reference hardcopy documents while operating a computer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a document holder to support this and are you familiar with how to position it for safe work practices?	<input type="checkbox"/>	<input type="checkbox"/>

Telephone	Yes	No
Where duties are mainly phone based, are you able to place your phone within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Headset or speaker option to use for frequent or prolonged use of the phone?	<input type="checkbox"/>	<input type="checkbox"/>

Homebased Workplace OHS Checklist

The following should be considered in relation to your residential working environment.

Work Area Layout	Yes	No
There is enough space for the required tasks to be carried out	<input type="checkbox"/>	<input type="checkbox"/>
There is enough space for the equipment and the employee	<input type="checkbox"/>	<input type="checkbox"/>
All filing cabinets, cupboards, bookcases are stable and safe (i.e. not likely to topple over), and enough for the employee needs	<input type="checkbox"/>	<input type="checkbox"/>
Regularly used materials and equipment are within easy reach and between shoulder and mid-thigh height (when standing)	<input type="checkbox"/>	<input type="checkbox"/>
Access and exit including work areas, kitchen and toilet are free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>
Floor coverings are in good condition and appropriate for office chair	<input type="checkbox"/>	<input type="checkbox"/>
The area is free from trip hazards (e.g. rugs, toys)	<input type="checkbox"/>	<input type="checkbox"/>
A comfortable temperature can be maintained throughout the area	<input type="checkbox"/>	<input type="checkbox"/>
Walls/floor coverings/ceiling are sound	<input type="checkbox"/>	<input type="checkbox"/>

Workstation	Yes	No
The workstation/desk is adequately designed for the tasks being performed	<input type="checkbox"/>	<input type="checkbox"/>
The workstation/desk is in good condition	<input type="checkbox"/>	<input type="checkbox"/>
There is enough leg room under the desk	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate access to equipment such as telephone, fax and printer	<input type="checkbox"/>	<input type="checkbox"/>
The workspace is separated from other household hazards such as hot cooking surfaces in the kitchen.	<input type="checkbox"/>	<input type="checkbox"/>

Electrical	Yes	No
There are an adequate number of power points	<input type="checkbox"/>	<input type="checkbox"/>
A power board is in use with surge protection	<input type="checkbox"/>	<input type="checkbox"/>
The area is free of double adaptors	<input type="checkbox"/>	<input type="checkbox"/>
There are earth leakage circuit breakers in place (check mains power for residual current device)	<input type="checkbox"/>	<input type="checkbox"/>
Leads, cables and plugs are free from damage	<input type="checkbox"/>	<input type="checkbox"/>

Lighting	Yes	No
The lighting is enough for the performance of tasks	<input type="checkbox"/>	<input type="checkbox"/>

Lighting	Yes	No
The employee can control natural light with window coverings	<input type="checkbox"/>	<input type="checkbox"/>
Glare on the monitor is a problem	<input type="checkbox"/>	<input type="checkbox"/>
The floors of relevant passageways are adequately lit	<input type="checkbox"/>	<input type="checkbox"/>
Noise	Yes	No
Noise levels are adequate in order to hear a normal voice within a 1 metre distance	<input type="checkbox"/>	<input type="checkbox"/>
The work area is free from distracting or disruptive noises	<input type="checkbox"/>	<input type="checkbox"/>
Air Quality	Yes	No
The work area is free from problems with temperature, draughts, odours or lack of fresh air.	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling	Yes	No
The employee is required to lift items weighing >5kg Heaviest item present: Frequency: per shift	<input type="checkbox"/>	<input type="checkbox"/>
Storage of heavier items is between shoulder and mid-thigh height	<input type="checkbox"/>	<input type="checkbox"/>
Any lifting, pushing, carrying or similar activities are within physical capabilities	<input type="checkbox"/>	<input type="checkbox"/>
The employee has received manual handling training	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals	Yes	No
All chemicals e.g. household cleaning agents, are stored away from the work area	<input type="checkbox"/>	<input type="checkbox"/>
Emergency	Yes	No
Fire safety issues have been addressed, mandatory smoke detectors installed, fire extinguisher available.	<input type="checkbox"/>	<input type="checkbox"/>
A telephone or other suitable device is available to allow effective communication in emergency situations & emergency contacts are known.	<input type="checkbox"/>	<input type="checkbox"/>
An evacuation plan in case of emergency is in place, and pathway unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>
A first aid kit is available	<input type="checkbox"/>	<input type="checkbox"/>
Is the home secure against unauthorised entry	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that all incidents should be reported promptly to my manager and incident report completed.	<input type="checkbox"/>	<input type="checkbox"/>

General Health	Yes	No
Do you have any history of injury or illness that you feel may be impacted by working from home? Is so please detail:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other areas of concern for follow up with your manager, if so please detail:	<input type="checkbox"/>	<input type="checkbox"/>

Follow Up

Please contact your manager to discuss any identified ergonomic or risk concerns or equipment issues that may have arisen as a result of this self-assessment. Specifically, where the following has been noted (as highlighted by orange check boxes):

- No access to ergonomic chair
- No designated workstation
- Ergonomic Chair or Workstation unable to be adjusted as described
- Laptop in use without supporting equipment
- Multiple monitors in use
- Inability to correctly position Keyboard, Mouse or Document Holder
- Headset not available for phone use (frequent or prolonged use)
- Any highlighted risk gaps

EMPLOYEE

I declare the above information is true, correct and complete.

When working from home, I agree to remain in contact with my manager through the agreed communication channels and times.

I agree to carry out regular, if necessary daily, assessments of my home working environment to assess its safety and identify any potential hazards when working from home.

Employee Name:

Employee Signature:

Date:

MANAGER

I confirm I have considered the Workstation and OHS Checklists in conjunction with the Employee. I agree to review the arrangement on a regular basis to ensure it continues to be up to date, and safe.

Manager Name:

Manager Signature:

Date: