

Checklist

Document Name:	Working From Home – Work, Health & Safety Checklist
Updated:	July 2019
Endorsed By:	Directors
Form Code:	CL009

01. WORKING FROM HOME – ERGONOMIC SELF-ASSESSMENT

Please complete the following Ergonomic Self Assessment to assist with the Working From Home application:

Employee Name:
Position / Title:
Home Address:
Home Telephone No:
Assessment Date Conducted:
Conducted By:
Position:

01. WORK, HEALTH & SAFETY – RISK ASSESSMENT

1. Please complete the assessment below to determine the risks. If NO box is ticked, then a risk may be evident.

No.	Question	Y	N	If No, Action to rectify	Completed (Initial)
	<u>Space</u>				
1	Is there a designated work area or room that can be classified as the “designated work area”?				
2	Is there ease of movement and sufficient floor area free of obstructions around the workstation to move around?				
	<u>Storage</u>				
3	Is there adequate storage for files, folders, stationery, etc? i.e. filing cabinet, bookshelves.				
4	Have Manual Handling Risks been minimised or controlled? i.e. no reaching above shoulder level for heavy items, awkward, low bending, static, twisted positions				
	<u>Seating</u>				
5	Does the chair have a five star base?				
6	Is the chair height easily adjustable?				
7	Is the back rest height adjustable and is there adequate support to the small of the back?				
8	Does the employee know how to adjust the chair?				
	<u>Desk</u>				
9	Is there sufficient desk space available for the computer equipment and a separate writing area?				
10	Does the desk height allow the user to be positioned with elbows 50mm above desk surface? I.e. When seated, are the employees forearms parallel to the floor or angled slightly downwards? (If not, a footrest may be required)				
11	Is the area under the desk clear of boxes, files, etc., to enable the user to extend legs out as necessary?				

No.	Question	Y	N	If No, Action to rectify	Completed (Initial)
	<u>Visual Display Unit (VDU)/Screen</u>				
12	Can the screen be positioned directly in front of the user? i.e. no twisting to view screen.				
13	Can the screen be positioned so that the top of the screen is level with eyes at seated position?				
	<u>Laptop/Notebook, if applicable.</u>				
14	Can the laptop be raised so that the screen is at eye level? (ie. Monitor stand)				
15	Does the user have an external keyboard and mouse to use with the laptop?				
	<u>Lighting</u>				
16	Is there adequate lighting cast evenly on work area?				
17	Is lighting such that there are no shadows or sources of glare on the VDU or work area?				
	<u>Thermal</u>				
18	Is the temperature of the “designated work area” able to be maintained between 16-26 degrees?				
	<u>Acoustic</u>				
19	Are noise levels comfortable to enable work to be completed? Consider noises likely to cause annoyance or distraction to the user? (i.e. construction noise, family).				
	<u>Electrical/Fire Safety/Emergency</u>				
20	Are there enough power points to source all electrical appliances, without use of double adaptors? (<i>power boards may be used</i>)				
21	Is the electrical equipment, safe, with no frayed or strained leads?				
22	Are electrical leads neatly coiled off the floor, so as not to cause a trip hazard?				

No.	Question	Y	N	If No, Action to rectify	Completed (Initial)
23	Is the team member aware of non smoking policy in the designated work area?				
24	Is there a properly functioning smoke detector in the residence?				
25	Are first aid supplies available?				

2. Does the employee have enough knowledge or information about the following?

	Y	N	More Information Please
Injury reporting.			
Hazard reporting and issue resolution.			
Equipment handling – including furniture, electrical appliance.			
Variety of tasks/exercise breaks.			
No Smoking Policy in “designated work areas”.			
Safety around the home.			

3. Please return to your manager for consideration in conjunction with *FORM005 – Work From Home Request Form*

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OFFICE USE ONLY: to be completed by manager or director

- I believe this environment is suitable for telecommuting, and no further followup is required.
- I believe this environment will be suitable for telecommuting, provided the risks identified are reduced and recommendations are achieved.
Identified Risks:
- I believe this environment will not be suitable for telecommuting.
Reasons:

Signed By: _____

Title: _____

Date: _____

Return signed form to <insert employee name> and place in HR file:

OFFICE USE ONLY			
Assessment Satisfactory	Yes	No	

Related Resources, Tools and Links

- FORM005 – Working From Home Request Form

Contact & Further Information

For further assistance please contact your direct manager.

Checklist Owner

Directors – RJA

Note: This Checklist does not form part of any contract between you and RJA. It summarises the risks involved when considering a working from home arrangement in accordance with applicable legislation, and is not intended to create any additional legal rights or obligations. Any reference to obligations or requirements of the Company in this Checklist is not intended to give rise to contractual obligations binding on the Company. This Checklist may be varied from time to time.