**Occupational Health and Safety Checklist**

The Occupational Health and Safety Checklist is designed to help employees and managers assess OHS risks in the home office or telework location.

A copy of the completed checklist should be retained on the employee’s personnel file with the Working At Home Agreement.

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| **Work Environment** | | **Yes** | **No** |
| **Designated Work Area** | | | |
| * A work area has been identified with unencumbered space | | □ | □ |
| * The work floor is level and there is limited use of mats/or rugs | | □ | □ |
| **Environmental Conditions** | | | |
| * Lighting is adequate for the tasks being performed. Easy to see & comfortable on the eyes | | □ | □ |
| * Glare and reflection can be controlled | | □ | □ |
| * Ventilation and room temperature can be controlled, regardless of season | | □ | □ |
| * There is no excessive noise affecting the work area | | □ | □ |
| * Walkways are clear of clutter and trip hazards | | □ | □ |
| * Non smoking environment | | □ | □ |
| **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 | □ | | □ |
| * A communications procedure has been established to ensure regular contact between employee and manager | □ | | □ |
| * The work area can be secured independently | □ | | □ |
| **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 free from any obvious external damage | | □ | □ |

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| **Workstation Set Up** | **Yes** | **No** |
| **Work Surface** | | |
| * The area of the work surface is big enough to allow for all items required | □ | □ |
| * The work surface is a single continuous surface and clear from other items | □ | □ |
| * A footrest is available if needed | □ | □ |
| * The most frequently used items are within easy reach from the seated position | □ | □ |
| * Cables are stowed out of the way | □ | □ |
| * There are no sharp contact points on the workstation or other equipment | □ | □ |
| **Chair** | | |
| * The chair is adjustable, stable and adjusted appropriately | □ | □ |
| * The chair fits under the workstation | □ | □ |
| * The chair moves freely | □ | □ |
| * 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 | □ | □ |
| **Keyboard and Mouse** | | |
| * Keyboard to user distance allows user to relax shoulders with elbows close to the body | □ | □ |
| * Keyboard position is flat | □ | □ |
| * Mouse is placed directly next to the keyboard | □ | □ |
| * Mouse is at same level as the keyboard | □ | □ |
| **Monitor** | | |
| * Monitor height is adjusted so top of the screen is at slightly lower height than eye level | □ | □ |
| * Viewing distance is between 350mm - 750mm | □ | □ |
| * Monitor and keyboard are placed directly and symmetrically in front of user | □ | □ |
| * Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source | □ | □ |

It is preferred that a laptop isn’t used for long periods of time and that a separate monitor and keyboard is utilised.

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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 | □ | □ |
| **Work Practices** | | |
| * Wrists are kept straight and not supported on any surface while typing | □ | □ |
| * Sitting posture is upright or slightly reclined, with lower back supported | □ | □ |
| * The telephone is within easy reach from the seated position | □ | □ |
| * The telephone has a hands free device attached | □ | □ |
| * Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching | □ | □ |
|  |  |  |
| **Other Factors** | **Yes** | **No** |
| **Other** | | |
| * Telephone or other communication devices are readily available to allow effective communication in an emergency situation | □ | □ |
| * Emergency contact numbers and details are known | □ | □ |
| * Smoke detector is installed in/near the work and is properly maintained | □ | □ |
| * A process in place for the prompt reporting of incidents | □ | □ |
| **Individual factors** | | |
| * Any dependent people have care arrangements in place | □ | □ |
| * The employee’s fitness and health is suitable to the tasks to be undertaken | □ | □ |
| * Any special needs to ensure health and safety have been advised to the manager | □ | □ |
| Any further information: |  |  |

The home office has been inspected and **meets the requirements** of the Insert Company Name Here Working from Home Policy*.*

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

The home office has been inspected and **subject to the correction of the items** noted below meets the requirements of the Insert Company Name Here Working From Home Policy.

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| **Signed** | |  | |
| **Name (Please print)** | |  | |
| **Position** | |  | |
| **Organisation** | |  | |
| **Date** | |  | |
| **Item** | **Correction required** | | **Date corrected** | |
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Reassessment completed and approved

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

The home office has been inspected and **does not meet the requirements** of Insert Company Name Here Working From Home Policy. Authority to work from home cannot be granted.

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