

## WORKING FROM HOME CHECKLIST

WORKER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESIGNATED WORK AREA: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHECKLIST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### GENERAL LAYOUT

YES NO

1. Is there a separate office/area available to work in? Where is it located in the home?

\_\_\_\_\_

2. Is the lighting in the room adequate for the tasks being performed?

3. Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)?

\_\_\_\_\_

4. Are there any sources of excessive or disruptive noise?

5. Does the layout of the workplace allow easy access to equipment?

6. Are floors clear of trip hazards on a daily basis?

7. What type of work at home is proposed and is it suitable to be conducted in the home environment?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SUPERVISION

8. Outline the supervision arrangements for this work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Has the Worker received the necessary information and training to do the work safely?

10. Has there been an agreement made in writing concerning work hours, work breaks etc

### ELECTRICAL SERVICES

11. Are safety switches or earth leakage circuit breaker installed?

12. Are power boards used to prevent overloading of power points and use of double adaptors?

13. Are electrical leads or extension cords exposed or damaged?

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### ERGONOMICS/MANUAL HANDLING

YES NO

14. Is there ergonomic furniture available? Does it meet Australian Standards?

- Chair
- Desk
- Is a document holder required?
- Is a footrest required?
- Are laptop stands used for laptops

15. Is the furniture ergonomically adjusted?

16. Is the computer screen located at an appropriate height for the individual to avoid extremes of head and neck flexion?

17. Are laptops connected to a docking station?

18. What manual handling tasks are performed? List the control measures in place.

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### FIRST AID/INJURY MANAGEMENT

19. Is there adequate first aid available based on the nature of the hazards?

20. Is the worker aware of the company's incident reporting procedure, who to report incidents to and has access to incident reporting forms?

21. Is the worker aware of the company's rehabilitation or injury management policy and procedures?

### CHEMICAL SAFETY

22. Are chemicals required to be regularly handled during work hours?

If so list the chemicals used:

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23. Are Material Safety Data Sheets (Safety data Sheets) available for any chemicals in the workplace/home?

### PHOTOGRAPHS

24. Are there any photos of the work area and workstation?

If so attach to document. If not, provide reasons:

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### ADDITIONAL COMMENTS AND ACTION TAKEN FOR THE ABOVE POINTS

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Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2020