Working at Home

**Health and Safety Checklist**

*Please note: This checklist has been provided as a guide only. Please do not use this in place of legal advice.*

Please use this guide as a starting point for your own requirements. The document is completely editable, shareable and useable

# Employee & Manager Details

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| **Employee & Manager Details** (all boxes to be completed) |
| **Employee Details** | Employee Name: |  |
| Employee Number: |  |
| Business Line: |  |
| City: |  |
| Tel: |  |
| Email: |  |
| **Manager Details** | Manager Name: |  |
| Manager Employee Number: |  |
| City: |  |
| Tel: |  |
| Email: |  |

# Equipment

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| **Equipment to be Provided by Employee at the Location**Note: the employee is responsible for the maintenance, insurance and replacement of these items |
| Provide Details: |
| **Equipment to be Provided by [YOUR COMPANY] at the Location**Note: [YOUR COMPANY] is responsible for the maintenance, insurance and replacements of these items |
| Provide Details (including asset numbers where allocated): |

# Address and Emergency Details

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| **Additional Details** (all boxes to be completed) |
| **Site Address** | Address: |  |
| Dedicated Work Areas:e.g. downstairs office, upstairs spare bedroom, etc. |  |
| Excluded Work Areas:e.g. backyard, garages, sheds, cellars or basements, etc. |  |
| **Emergency Contact Details** | Name: |  |
| Relationship: |  |
| Tel: |  |

# Pre-Existing Medical Condition

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| **Pre-Existing Medical Condition** | **Yes** | **No** |
| Do you have a pre-existing medical condition? |  |  |
| Provide Details: |

# General Work Requirements

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| **General Work Requirements** | **Yes** | **No** | **N/A** |
| Are you aware of how to report all work-related incidents to the company? |  |  |  |
| Do you have access to the [COMPANY NAME] network (via VPN or similar)? |  |  |  |
| Do you have an unlimited broadband or fibre connection with an upload speed greater than 5mbs? |  |  |  |
| Is all the equipment that may be used at the site suitable for the work involved? |  |  |  |
| Is a basic 1-5 person first aid kit readily accessible at the site?(Note: OfficeMax product code 2387794 fulfils this requirement) |  |  |  |
| Have you received the information and training necessary to do the work safely at the site? |  |  |  |
| Are emergency contact names and numbers prominently displayed at the site, including 111 emergency, nearest medical centre, nearest hospital, Poisons Centre, etc? |  |  |  |
| Are you aware of your Manager, Health and Safety Representative, and Health and Safety Team and are there regular communication points that enable consultation on health and safety issues? |  |  |  |

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| **Work Station and Environment** | **Yes** | **No** | **N/A** |
| Are there sufficient work surfaces and space around the work station and associated electronic equipment? |  |  |  |
| Is there a suitable ergonomically arranged desk, chair, computer and monitor? (Refer to Part 6 for further details) |  |  |  |
| Is the desk sufficiently robust to support the required equipment? |  |  |  |
| Is the storage of reference material and consumables appropriate? |  |  |  |
| Are filing cabinets and shelves secure and balanced so they don’t topple over? |  |  |  |
| Are all floor surfaces in good condition, including slip and trip free? |  |  |  |
| Does your work space have adequate ventilation and is it free of odours and vapours? |  |  |  |
| Are the exits from the work area kept clear? |  |  |  |

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| **Fire / Chemical Hazards** | **Yes** | **No** | **N/A** |
| Is there a smoke detector appropriately located a the site? |  |  |  |
| Is there an appropriate fire extinguisher readily accessible at the site? |  |  |  |
| Do you know how to safely exit the building in the event of a fire or other emergency? |  |  |  |

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| **Electrical** | **Yes** | **No** | **N/A** |
| Are electrical connections relating to company equipment in good order and repair?(e.g. less than five years of age or appropriately tested and tagged) |  |  |  |
| Are there sufficient power points with appliances protected by a surge protector? |  |  |  |
| Are electric wires and cables secured so that they do not become a tripping hazard? |  |  |  |

# Home Setup Ergonomics Checklist

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| **Chair** | **Yes** | **No** | **N/A** |
| Can you get close to your workstation without any impediment?(e.g. check the chair arms are not in the way and there is clear leg space) |  |  |  |
| Is the seat height adjustable so that your thighs are parallel to the floor with your feet resting flat on the floor (or on a foot rest)? |  |  |  |
| Is there a lumbar support in your chair and is it adjusted to fit in the small of your back so that it adequately supports your spine? |  |  |  |
| Is the backrest angle adjusted so that you are sitting upright? |  |  |  |
| Comments: |

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| **Screen** | **Yes** | **No** | **N/A** |
| When sitting tall and looking straight ahead are your eyes in line with the top edge of the screen? |  |  |  |
| Is your screen positioned so it is sitting directly in front of your body at approximately arm’s length? |  |  |  |
| Comments: |

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| **Keyboard** | **Yes** | **No** | **N/A** |
| Is the keyboard positioned between 8cm and 15cm from the edge of the desk or at a position where your elbows are directly below your shoulders? Are your elbows approximately at right angles? |  |  |  |
| Do the letters G & H line up with the centre of your body on the QWERTY keyboard? |  |  |  |
| Is your body square when you are typing and do your nose and toes point in the same direction? |  |  |  |
| Comments: |

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| **Mouse** | **Yes** | **No** | **N/A** |
| Can you reach your mouse keeping your elbows near your side? |  |  |  |
| I am right/left handed (cross out less dominant hand). Are you able to use all required equipment without restrictions? |  |  |  |
| Comments: |

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| **Work Organisation** | **Yes** | **No** | **N/A** |
| Do you vary the activities that you perform regularly?Note: It is preferable to have a variety in tasks in order to ensure a change in posture. |  |  |  |
| Do you take short breaks during repetitive activities such as using the computer?Note: Micro-pauses are recommended every 20 minutes, and a short break should be taken every hour. |  |  |  |
| Are all the items on your desk commonly used? |  |  |  |
| Are all items regularly used kept within close reach? (E.g. is the telephone within close reach so that your arm is not outstretched when you answer it?)Note: Holding your telephone between your neck and shoulders places high stress on these muscles and should be avoided. Headsets should be used as an alternative. |  |  |  |
| Comments: |

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| **Environmental Factors** | **Yes** | **No** | **N/A** |
| Are your surroundings quiet and free from any noise that would affect your ability to perform your work? (All sources of noise should be considered.) |  |  |  |
| Is the lighting adequate to perform your assigned work duties (e.g. no glare, lights aren’t too bright or too dim)? |  |  |  |
| Is your working environment free from any other factors that impact your ability to perform your work safely? |  |  |  |
| Comments: |

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| **Corrective Actions** |
| Note: Where a “No” answer is returned in parts 5 or 6, it is your responsibility to follow up with your Manager and the Health and Safety Team to address these issues. Detail below the corrective actions that are being taken to address these issues. |
| Detail actions taken: |

