

Working from Home

Work Health and Safety Checklist

Generally, people are familiar with their own home and inherently understand the risks and hazards of their home environment. This checklist outlines how to stay safe and what to be mindful of when you are working from home, either temporarily or as an agreed employment arrangement.

It is designed to assist Managers and Employees assess the health safety risks in the home. It is recommended this is done together so the Manager and staff member can discuss the pro's and cons of such an arrangement.

Determine whether it is right for you

Are you self-motivated and disciplined? Can you get work done without having others give you motivation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you confident in your abilities to work without supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you be happy spending a lot of time alone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you need face-to-face interaction or would communication via email, phone or video conferencing suffice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your home big enough? Is there an area that can be used for office space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will others in the house respect your need to be uninterrupted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Nature of Tasks

Are any lifting, pushing or carrying type tasks well within your physical capacity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are wrists kept straight and not supported on any surface while typing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is sitting posture upright or slightly reclined, with lower back supported?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are long periods of continuous activity broken by performing other tasks, changing position, standing up and stretching?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are repetitive actions not continued for long periods without appropriate breaks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have clearly defined breaks and end of shift times?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require headphones with a microphone for communication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Work Environment

Is the floor of the work area level with limited use of rugs or mats?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the lighting adequate for tasks being performed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can glare and reflection be controlled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can ventilation and room temperature be controlled, regardless of the season?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there excessive noise affecting the work area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are walkways clear of clutter and trip hazards, such as trailing electrical cords?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the working area segregated from other hazards in the home, for example hot cooking surfaces in the kitchen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the path to the exit sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the work area contain a first aid kit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a smoke detector installed in/near the work area and is properly maintained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is security sufficient to prevent unauthorised entry?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has a communications procedure been established to ensure regular contact between employee and manager/ employee and colleagues?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are power outlets overloaded with double adapters and power boards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are electrical cords safely stowed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are connectors, plugs and outlet sockets in safe working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is electrical equipment free from any obvious external damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Workstation Set-Up

Is there adequate leg space under the workstation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
From the seated position, are the most frequently used items within easy reach?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the seat height, seat tilt and back rest all adjustable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the chair have a stable base (preferably 5 star)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the chair move freely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there adequate lumbar support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the seat back adjusted to support the lumbar curve of the lower back?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the feet flat on the floor or on a footrest so that knees are bent at right angles and thighs are horizontal to floor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the keyboard to user distance allow the user to relax their shoulders with elbows close to the body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the keyboard position flat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If using a separate mouse, is it placed directly next to the keyboard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you are using a monitor, is the height adjusted so the top of screen is level with your eyebrow height (may need to be lower where graduated lens' are used)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you are using a monitor, is the keyboard placed directly and symmetrically in front of you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
What additional equipment will you require? Desk Chair Printer Reliable Computer Screen/s Keyboard Mouse Internet Stationery Chair mat Phone Headphones Webcam Work storage Additional lighting		

Other Factors

Are telephone or other communication devices readily available to allow effective communication in an emergency situation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are emergency contact numbers and details known?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is a process in place for the prompt reporting of incidents or broken equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a fast, reliable and secure internet connection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you established clear communication protocols with your team for remote interaction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can your calendars sync so staff/ colleagues know when you are available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO