

# WORKING FROM HOME CHECKLIST

WORKER'S NAME: _____
ADDRESS: _____
DESIGNATED WORK AREA: _____ PHONE: _____
CHECKLIST COMPLETED BY: _____ DATE: _____

<b>GENERAL LAYOUT</b>	<b>YES</b>	<b>NO</b>
1. Is there a separate office/area available to work in? Where is it located in the home?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the lighting in the room adequate for the tasks being performed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any sources of excessive or disruptive noise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the layout of the workplace allow easy access to equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are floors clear of trip hazards on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
7. What type of work at home is proposed and is it suitable to be conducted in the home environment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUPERVISION</b>		
8. Outline the supervision arrangements for this work		
9. Has the worker received the necessary information and training to do the work safely?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has there been an agreement made in writing concerning work hours, work breaks etc.	<input type="checkbox"/>	<input type="checkbox"/>
<b>ELECTRICAL SERVICES</b>		
11. Are safety switches or earth leakage circuit breaker installed?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are power boards used to prevent overloading of power points and use of double adaptors?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are electrical leads or extension cords exposed or damaged?	<input type="checkbox"/>	<input type="checkbox"/>
<b>ERGONOMICS/MANUAL HANDLING</b>		
14. Is there ergonomic furniture available?		
a. Chair	<input type="checkbox"/>	<input type="checkbox"/>
a. Desk	<input type="checkbox"/>	<input type="checkbox"/>
b. Is a document holder required?	<input type="checkbox"/>	<input type="checkbox"/>

c. Is a footrest required?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are laptop stands used for laptops	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the furniture ergonomically adjusted?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the computer screen located at an appropriate height for the individual to avoid extremes of head and neck flexion?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are laptops connected to a docking station?	<input type="checkbox"/>	<input type="checkbox"/>
18. What manual handling tasks are performed? List the control measures in place.	<input type="checkbox"/>	<input type="checkbox"/>
<b>FIRST AID/INJURY MANAGEMENT</b>		
19. Is there adequate first aid available based on the nature of the hazards?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the worker aware of the company's incident reporting procedure, who to report incidents to and has access to incident reporting forms?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the worker aware of the company's rehabilitation or injury management policy and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHEMICAL SAFETY</b>		
22. Are chemicals required to be regularly handled during work hours? If so list the chemicals used:	<input type="checkbox"/>	<input type="checkbox"/>
23. Are Safety Data Sheets (Safety data Sheets) available for any chemicals in the workplace/home?	<input type="checkbox"/>	<input type="checkbox"/>
<b>PHOTOGRAPHS</b>		
24. Are there any photos of the work area and workstation? If so attach to document. If not, provide reasons:	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL COMMENTS AND ACTIONS TAKEN FOR THE ABOVE POINTS</b>		