



## Working from Home Checklist

Effective Date: \_\_\_\_\_

Employee Name:	
Position:	
Reports to:	
Address of home office:	
Checklist completed by:	
Date checklist completed:	

General Environment		
1.	Is there a separate work space available to work in?	Yes/No
2.	Is the lighting illumination and placement adequate for the task being performed?	Yes/No
3.	Are the floor surfaces and coverings even and free from slip and trip hazards?	Yes/No
4.	Are there any sources of excessive or disruptive noise?	Yes/No
5.	Is there sufficient ventilation and thermal comfort provided, regardless of the season?	Yes/No
6.	Is the work space in a non smoking environment?	Yes/No
7.	Does the layout of the work space allow easy access to equipment?	Yes/No
8.	What type of work will be performed? ..... .....	
9.	What are the supervision arrangements in place? ..... .....	
10.	Has the employee received the necessary information and training required to work safely?	Yes/No
11.	Have the working days and hours including work breaks been agreed?	Yes/No

12.	Is the completed Working Pattern Agreement between the employee and Workstar attached?	Yes/No
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<b>Electrical Services</b>		
13.	Are the power points safe and not located near water?	Yes/No
14.	Are safety switches and/or power surge protectors installed?	Yes/No
15.	Are power boards used to prevent overloading of power points and use of double adaptors?	Yes/No

<b>First Aid</b>		
17.	Is there a complete designated "Type C" first aid kit in the home?	Yes/No
18.	Outline how the employee would receive first aid if required. ..... .....	
19.	Is the employee aware of the company's accident/incident reporting procedures?	Yes/No

<b>Emergency Provisions</b>		
20.	What processes are in place in the event of a fire, break-in, flood or burglary? ..... .....	
21.	What security precautions are in place to prevent burglary? ..... .....	
22.	Is there a fire alarm or smoke detector in place that is checked regularly?	Yes/No
23.	Are the emergency services and Workstar contact telephone numbers available?	Yes/No

24.	Is there appropriate fire equipment e.g. fire blanket or fire extinguisher?	Yes/No
25.	Is there an appropriate emergency exit in place?	Yes/No

Ergonomics		
27.	Does the work space have the appropriate ergonomic furniture: <ul style="list-style-type: none"> <li>• Chair</li> <li>• Desk</li> <li>• Footrest (if needed)</li> </ul>	Yes/No Yes/No Yes/No
28.	Are the desk, computer, chair and keyboard in alignment? (no twisting or looking to the side)	Yes/No
<b>Chair</b>		
29.	Seat height is adjusted so that the arms and forearms are at right angles or slightly greater and forearms and hands form straight lines when resting on the keyboard	Yes/No
30.	Feet are flat on the floor or on a footrest so that the knees are bent at right angles and thighs horizontal to floor	Yes/No
31.	Seat back is adjusted to support the lumbar curve of the lower back	Yes/No
32.	Seat pan tilt is adjusted so hips and tops of thighs are at right angles or slightly greater	Yes/No
33.	Armrests are out of the way while typing but may provide support during other activities (e.g. phone use, meetings etc)	Yes/No
<b>Monitor</b>		
34.	Monitor height is adjusted so top of screen is at or slightly lower than eye level	Yes/No
35.	Viewing distance is approximately arm's distance away (350 – 750 mm)	Yes/No
36.	Monitor and keyboard are placed directly and symmetrically in front of user	Yes/No
37.	Monitor is positioned to avoid glare (perpendicular to window or strong light source)	Yes/No
<b>Keyboard and Mouse</b>		
38.	Keyboard to user distance allows user to relax shoulders with elbows hanging close to body	Yes/No

39.	Keyboard position is flat	Yes/No
40.	Mouse to user distance – mouse is directly next to the keyboard	Yes/No
41.	Mouse is on the same level as the keyboard	Yes/No
<b>Work Practices</b>		
42.	Breaks are taken every 30 minutes of keyboarding and standing at least once per hour	Yes/No
43.	Keyboarding posture – wrists are kept straight and not supported on any surface while typing	Yes/No
44.	Sitting posture is upright or slightly reclined posture, maintaining slight hollow in lower back	Yes/No
45.	Hand is used to hold telephone receiver or headset is worn (no cradling)	Yes/No
46.	Long periods of continuous computer use are broken up by performing other tasks	Yes/No

<b>Equipment</b>	
47.	What equipment is Workstar providing to the employee?  ..... .....

<b>Comments</b>
Additional comments and actions to be taken for the above points or other safety issues not identified:  ..... ..... ..... ..... .....



Employee's Name: ..... Manager's Name: .....

Employee's Signature: ..... Manager's Signature: .....

Date:..... Date:.....