

## 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?<br>_____                              | <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)?<br>_____                       | <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?<br>_____<br>_____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |

### SUPERVISION

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 8. Outline the supervision arrangements for this work<br>_____<br>_____<br>_____         |                          |                          |
| 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"/> |

### ELECTRICAL SERVICES

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 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"/> |

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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

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
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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?

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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17. Are laptops connected to a docking station?

<input type="checkbox"/>	<input type="checkbox"/>
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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?

<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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21. Is the worker aware of the company's rehabilitation or injury management policy and procedures?

<input type="checkbox"/>	<input type="checkbox"/>
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### CHEMICAL SAFETY

22. Are chemicals required to be regularly handled during work hours?  
If so list the chemicals used:

<input type="checkbox"/>	<input type="checkbox"/>
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23. Are Material Safety Data Sheets (Safety data Sheets) available for any chemicals in the workplace/home?

<input type="checkbox"/>	<input type="checkbox"/>
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### PHOTOGRAPHS

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"/>
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### ADDITIONAL COMMENTS AND ACTION TAKEN FOR THE ABOVE POINTS

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