

AUFA Teleworker Home Office Checklist

The home office should provide the same level of health, safety and security that an employee would receive at a regular work office. Employees working in a home office are responsible for assessing that work site for existing or potential problems and for taking corrective steps in consultation with the AU Occupational Health & Safety office, which will review this form. In order to prevent the development of unsafe or unhealthy working conditions you are advised to use the checklist to review conditions in your home office prior to beginning work there. Ideally, checks should be repeated annually and/or when conditions or work processes change within the home office. For more information on home office assessments please visit the AU OHS Website:

<http://www1.athabascau.ca/hr/benefits/ohs/index.html>

Please complete the following assessment of your home office and return it to Occupational Health and Safety, Human Resources by fax: (780) 675-6135 or by mail.

Hazard Item	(v) Satisfactory (X) Unsatisfactory
Emergency Procedures	
1. Emergency contact numbers are posted near the phone.	<input type="checkbox"/> √ <input type="checkbox"/> X
2. I have an emergency evacuation route in place and posted in my home office.	<input type="checkbox"/> √ <input type="checkbox"/> X
3. A periodic contact schedule has been established with my supervisor and is posted near the phone.	<input type="checkbox"/> √ <input type="checkbox"/> X
4. I have provided my supervisor with the emergency contact information of someone close to me	<input type="checkbox"/> √ <input type="checkbox"/> X
5. I have a #1 type first aid kit located in my home that is fully stocked and inspected periodically	<input type="checkbox"/> √ <input type="checkbox"/> X
6. There is a smoke detector located in my home office area that is fully functioning. I understand that I should test this device and, if it is battery-powered, change the batteries every six months.	<input type="checkbox"/> √ <input type="checkbox"/> X
7. (If I have fuel burning appliances) there is a carbon monoxide detector located in my home office area that is fully functioning. I understand that I should test this device and change the batteries every six months.	<input type="checkbox"/> √ <input type="checkbox"/> X
8. There is a fire extinguisher in my home office area that is: <ul style="list-style-type: none"> • easily accessible • fully charged • seal is unbroken • proper class • visually inspected monthly • professionally inspected annually 	<input type="checkbox"/> √ <input type="checkbox"/> X
9. I am aware that all incidents must be immediately reported to both my supervisor and AU OHS: http://intra.athabascau.ca/hr/ohs/incidentform.php	<input type="checkbox"/> √ <input type="checkbox"/> X
Electrical Safety	
1. Adequate surge protection is utilized with all electrical equipment.	<input type="checkbox"/> √ <input type="checkbox"/> X
2. Outlets are not overloaded.	<input type="checkbox"/> √ <input type="checkbox"/> X
3. Power bars are used in place of extension cords where possible. If extension cords are used they are CSA approved and grounded by three prongs.	<input type="checkbox"/> √ <input type="checkbox"/> X
4. All electrical cords are in good condition and working properly.	<input type="checkbox"/> √ <input type="checkbox"/> X
5. All electrical cords are neatly secured, out of the way, and anchored when possible.	<input type="checkbox"/> √ <input type="checkbox"/> X
6. There is sufficient ventilation room available around all electrical equipment.	<input type="checkbox"/> √ <input type="checkbox"/> X
7. Any electrical panels located in the home office are properly covered and easily accessible.	<input type="checkbox"/> √ <input type="checkbox"/> X
8. All lighting is working properly and appropriate bulb wattage is used.	<input type="checkbox"/> √ <input type="checkbox"/> X
Office Ergonomics	
1. I have set up my home office using the AU Ergonomic Self Assessment Checklist: http://intra.athabascau.ca/hr/ohs/Ergonomics-Selfassess.pdf	<input type="checkbox"/> √ <input type="checkbox"/> X
2. I make efforts to work in a neutral and supportive position with proper posture	<input type="checkbox"/> √ <input type="checkbox"/> X
3. I take frequent mini breaks at my desk and regular work breaks away from my desk.	<input type="checkbox"/> √ <input type="checkbox"/> X

4. I stretch throughout the day: http://intra.athabascau.ca/hr/ohs/Office-Stretching-09.pdf	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. I am aware that it is my responsibility to be aware of AU-recommended best practices about office ergonomics, and to direct any questions or concerns I have to AU OHS. http://intra.athabascau.ca/hr/ohs/ergonomicform.php	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Work Environment		
1. All furniture is free of sharp edges.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. Drawers / doors are kept closed when not in use.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
3. My home office is neatly organized and free of clutter or tripping hazards.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Materials are safely stored.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. Shelves are not overloaded and there are no heavy objects stored above shoulder height.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. The lighting in my home office enables me to work effectively.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
7. My home office and surrounding area provides enough space to work effectively.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

Item No.	Recommended Correction Action(s)	Corrective Action Completion Date

I hereby certify that the existing or potential hazards in my home office have been properly assessed, identified and the appropriate corrective actions applied as to the best of my knowledge.

Employee Name	Telephone Number
Home Office Address	
Employee Signature	Date
OH&S Advisor Signature	Date

Should you have any questions or concerns please contact the AU OHS Advisor, Human Resources at (780) 675-6655.