



Part A – Working from Home Safety and Wellbeing Checklist *(Complete items only if applicable. Leave blank if not)*

| | |
|------------------------|--|
| Employee's Name | |
| Business | |
| Department | |
| Phone Number | |

| 1. Rationale for working from home | Yes | No |
|------------------------------------|-----|----|
|------------------------------------|-----|----|

Valid reasons for working from home

- The reasons are valid and sufficient to consider working from home and:
 - is not to be a substitute for child-care or dependent care although may support family responsibilities (e.g. coordinate with school hours)
 - it enables better balance of work/family/life (etc.) responsibilities which will enhance performance and commitment and/or reduce stress
 - it represents a more productive way of working compared with current arrangements

Nature of work

- The nature of the work and employee are suited to such an arrangement:
 - the work can be performed independently
 - there are responsibilities (e.g. people management/supervision) which can feasibly be met by this arrangement

| 2. Work Environment | Yes | No |
|---------------------|-----|----|
|---------------------|-----|----|

Designated Work Area

- A designated work/study area has been identified which provides sufficient clear space to enable the employee to have full range of movement required to work without risk of strain or injury.
- There are no trip hazards (e.g. cabling, mats, clutter)

Environmental Conditions

- Lighting is adequate for the tasks being performed (i.e. easy to see and comfortable on the eyes)
- Glare and reflection can be controlled
- Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow)
- There is no excessive noise affecting the work area
- Non-smoking environment
- All floor coverings are safe and non-slip

- For double storey homes, it is recommended that all work is undertaken on the ground floor or same level where practicable.

- There are appropriate amenities (e.g. kitchen, bathroom)
- Stairs (if any) contain a continuous hand rail from top to bottom

Emergency Exit

- Path to the exit is reasonably direct
- Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage

Security

- Security is sufficient to prevent unauthorised entry by intruders

Electrical

- Power outlets are not overloaded with double adapters and power boards
- Earth leakage circuit protection is in place for work related equipment
- Electrical cords are safely stowed
- Connectors, plugs and outlet sockets are in a safe condition
- Electrical equipment is free from any obvious external damage

3. Workstation Set Up

Yes No

Work Surface

- The area of the work surface is adequate for the tasks to be performed (i.e. similar work space to that used while the person is at the office)
- A document holder is used if transcribing information from hard copy to computer or if referring to reference material for prolonged periods
- The most frequently used items are within easy reach from the seated position
- There are no sharp contact points on the workstation or other equipment

Chair

- The seat height, seat tilt, angle and back rest are all adjustable
- The chair has a 5-point base to ensure stability (does not slip or roll) on the floor
- There is adequate lumbar support and padding
- The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor
- The seat back is adjusted to support the lumbar curve of the lower back
- The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater
- Chair arms are not present or are low enough to easily clear the desk

Desk

- The desk is at a suitable height
- There is adequate leg room under the desk, and no clutter
- A footrest is available if needed

Keyboard and Mouse

- Keyboard to user distance allows user to relax shoulders with elbows close to the body
- Keyboard position is flat and in front of the screen
- Mouse is placed directly next to the keyboard, fits hand comfortably and works freely
- Mouse is at same level as the keyboard

Monitor

- Monitor height is adjusted so top of the screen is level with or at slightly lower height than eye level (approx. 400mm above the work surface)
- Monitor is approx. arm's length from user
- Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source

Laptop (complete if applicable)

- In the event of using a laptop computer:
 - a laptop stand is used to raise the laptop screen such that it is the same height as the user's eyes
 - an external keyboard and mouse is used with the laptop

4. Nature of Tasks
Yes No
Physical Demands of Tasks

- Safe posture is adopted
- Any lifting, pushing or carrying type task is well within physical capacity (i.e. my work does not involve physically heavy, overly repetitious or demanding tasks)

Work Practices

- Wrists are kept straight and not supported on surface while typing
- Sitting posture is upright or slightly reclined, with lower back supported
- The telephone is within easy reach from the seated position
- Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching

5. Emergency procedures, incidents and check-in
Yes No
Other

- | | | |
|---|--------------------------|--------------------------|
| • A procedure has been established to periodically confirm with the office workplace that the home worker is safe and well | <input type="checkbox"/> | <input type="checkbox"/> |
| • Telephone or other communication devices are readily available to allow effective communication in an emergency situation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency contact numbers and details are known, i.e. 000 for fire, ambulance or police | <input type="checkbox"/> | <input type="checkbox"/> |
| • Access to first aid supplies is available | <input type="checkbox"/> | <input type="checkbox"/> |
| • A smoke detector is installed in/near the designated work area and is properly maintained | <input type="checkbox"/> | <input type="checkbox"/> |
| • A fire extinguisher is readily available | <input type="checkbox"/> | <input type="checkbox"/> |
| • Any safety incidents will be reported using the business' incident reporting system | <input type="checkbox"/> | <input type="checkbox"/> |

Individual factors

- | | | |
|---|--------------------------|--------------------------|
| • The employee's fitness and health is suitable to the tasks to be undertaken | <input type="checkbox"/> | <input type="checkbox"/> |
| • Important: Any special needs to ensure health and safety have been advised to the manager and can be accommodated (e.g. are there any pre-existing injuries, illness or disease that could be accelerated, exacerbated, aggravated, re-occur or deteriorate in performing the inherent requirements of the role – especially when working remotely from a home-based office) | <input type="checkbox"/> | <input type="checkbox"/> |

6. Remote access

Yes No

- | | | |
|--|--------------------------|--------------------------|
| • A request for a remote access to IT systems has been made and approved by the manager or cloud-based systems are in place to allow remote working. | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

7. Plan of the home-based office

Yes No

- | | | |
|--|--------------------------|--------------------------|
| • A plan/photograph of the home-based work office is attached to the checklist and includes desk layout, power outlets, telephone and lighting | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

| | |
|-------------------------------|--|
| Signed by staff member | |
| Name (Please print) | |
| Position | |
| Date | |



Part B – Reassessment or correction to work environment is required.

Manager to complete as necessary (i.e. where 'No' is answered to any of the above questions in the checklist).

| Checklist Item | Correction required and by who and when | Date corrected |
|--------------------------------------|--|-----------------------|
| <i>Example: Unsatisfactory Chair</i> | <i>An ergonomic chair will be purchased by person requesting working from home arrangements.</i> | <i>XX / XX / XXXX</i> |
| | | |
| | | |
| | | |
| | | |

Part C - Manager's review and approval

| Approval | Yes | No |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> I have reviewed the checklist for the person listed and I am confident that the safety and wellbeing requirements are met to approve to work from home | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> The employee understands that the costs associated with any required equipment will be borne by the employee. | <input type="checkbox"/> | <input type="checkbox"/> |

Authority to work from home cannot be granted where there are corrections required or where you have indicated a 'No' in the approval above.

Where corrections are required, **do not** sign Part C until corrections are completed and request to work from home arrangements are reviewed. Part B will need to be completed and actioned before approval is given and authority to work from home is granted.

| | |
|--|--|
| Signed (by Manager who has HR Delegation) | |
| Name (Please print) | |
| Position | |
| Date | |
| Signed by staff member | |
| Name (Please print) | |
| Position | |
| Date | |

