

# WORKPLACE HEALTH AND SAFETY

SAMPLE CHECKLIST

## WORKING FROM HOME WORKPLACE HEALTH & SAFETY ASSESSMENT

Use this checklist to assess the risks to health and safety of working from home arrangements. This checklist is mainly useful for clerical and computer based work which can be performed at a home office/study, however, there is an assessment of suitability of work to working from home arrangements at Step 1, which workers and their managers should complete to determine whether other types of work can be performed at home also.

**Employee Name:**

**Employee Position:**

**Proposed worksite address/location:**

### **STEP 1: SUITABILITY OF JOB TO WORKING FROM HOME**

Is working from home suitable when considering the inherent requirements of performing the job? Reasons:

## STEP 2: COMPLETE WORK HEALTH & SAFETY CHECKLIST

| Walk-through inspection item   | Acceptable               | Improvement required     | N/A                      | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| <b>Workstation Setup</b>   |                          |                          |                          |          |
| <b>Chair</b>   |                          |                          |                          |          |
| Chair is positioned to support the lumbar curve of the lower spine   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Seat height ensures arms and fore-arms are at right angles to one another (or marginally greater) and fore-arms and hands form straight lines when resting on the keyboard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Feet are flat on the ground (or on a footrest) so that knees are bent at right angles and thighs are horizontal to floor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Armrests do not interfere with distance from the desk while typing, however can provide support at other times such as while speaking on the phone etc.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Pan tilt of chair is adjusted to ensure hips and tops of thighs are at right angles or slightly greater.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

| Walk-through inspection item  | Acceptable               | Improvement required                | N/A                      | Comments |
|---|--------------------------|-------------------------------------|--------------------------|----------|
| <b>Keyboard and Mouse</b>   |                          |                                     |                          |          |
| Mouse is directly next to the keyboard without the worker having to stretch to reach it   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| Mouse is on the same surface as the keyboard and at the same level  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |
| Distance from the keyboard allows worker to relax shoulders and have elbows close to the sides of the body  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |
| Keyboard position is flat (i.e. not using keyboard raisers at the back of keyboard)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |
| <b>Monitor</b>  |                          |                                     |                          |          |
| Line of sight and top of monitor should be in line, or monitor can be slightly lower than eye level. Note: workers with bifocal lenses may need their monitor lowered | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |
| Monitor is positioned to avoid glare from other sources of light such as windows/other strong light sources   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |
| Distance between the worker and the monitor should be approximately an arm's length   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |          |

| <b>Walk-through inspection item</b>   | <b>Acceptable</b>        | <b>Improvement required</b> | <b>N/A</b>               | <b>Comments</b> |
|---|--------------------------|-----------------------------|--------------------------|-----------------|
| Monitor and keyboard are placed directly in front of user   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Work Practices &amp; Physical Activity</b>   |                          |                             |                          |                 |
| Workers stand up at least once every hour and take breaks from using the keyboard every 30 minutes  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Tasks are varied frequently to avoid continuous computer use over long periods of time  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Trolleys or other devices are utilised when moving heavy and/or awkward items   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Workers stretch, change posture, and/or change tasks while on a break   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Workers' wrists remain straight whilst typing and are not supported by any surface while typing   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Regular and appropriate breaks are taken when completing repetitive activities  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Workers use speaker phone, a headset, or their hand(s) to hold the telephone receiver when using the telephone (avoidance of cradling the phone between ear and shoulder) | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |

| <b>Walk-through inspection item</b>   | <b>Acceptable</b>        | <b>Improvement required</b> | <b>N/A</b>               | <b>Comments</b> |
|---|--------------------------|-----------------------------|--------------------------|-----------------|
| Any lifting, pushing, or carrying activities or similar are within the physical capability of the person                            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Posture while sitting at desk/computer is upright or with minimal recline, maintaining slight lumbar curve in lower spine           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Working Environment</b>  |                          |                             |                          |                 |
| Suitable ventilation and appropriate room temperature regardless of season  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Illumination level and positioning of light fixtures are suitable for the task  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Appropriate handrails on any stairs   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Work space is separated from other household hazards such as hot cooking surfaces in the kitchen                                    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Clear walkways that are free from tripping hazards and clutter such as boxes, electrical cords and inappropriately placed furniture | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Floor coverings are safe and non-slip   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Electrical Safety</b>  |                          |                             |                          |                 |

| <b>Walk-through inspection item</b>  | <b>Acceptable</b>        | <b>Improvement required</b> | <b>N/A</b>               | <b>Comments</b> |
|--|--------------------------|-----------------------------|--------------------------|-----------------|
| Any electrical equipment used for work is properly labeled and tested to be compatible with power points/voltage level                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Earth leakage circuit protection (circuit breaker) is in place for work related equipment  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Power outlets are not overloaded with double adapters and power boards   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>The Individual Involved</b>   |                          |                             |                          |                 |
| The worker's fitness and health are suited to the task(s) to be undertaken   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Any special needs to ensure health and safety are accommodated (insert details in comments column)   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Safety Compliance</b>   |                          |                             |                          |                 |
| First-aid kit on hand - Type C or better   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Dry chemical or carbon dioxide fire extinguisher on hand and training provided to worker in how to use this equipment to extinguish minor fires. | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Smoke detector installed in the work area and properly serviced  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |

| <b>Walk-through inspection item</b>  | <b>Acceptable</b>        | <b>Improvement required</b> | <b>N/A</b>               | <b>Comments</b> |
|--|--------------------------|-----------------------------|--------------------------|-----------------|
| A telephone or other suitable devices are readily available to allow effective communication in emergency situations                             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Emergency contact numbers and details are known / displayed i.e., 000 for fire, ambulance or police, specific numbers for organisation contacts  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Incidents are reported promptly to appropriate supervisor and incident report completed  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Emergency preparedness</b>  |                          |                             |                          |                 |
| Path to the exit is reasonably direct  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| Path to the exit is adequately wide and free of trip hazards and obstacles to allow unobstructed passage   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| <b>Security Measures</b>   |                          |                             |                          |                 |
| Security is sufficient to prevent unauthorised entry by intruders  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |
| When working in isolation, a “call-in” procedure is followed to periodically confirm with the organisation that the worker has not been injured. | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                 |

**Digital photos of workstation, work area and any hazards provided on: .... / ..... / .....**

(attach copy of these photos to this checklist and retain on employee file/WHS records)

**Overall rating of safety risk (High, Med, Low)**

**STEP 3: WHAT ARE THE IDENTIFIED HAZARDS? WHAT ACTIONS ARE REQUIRED?**

**STEP 4: AGREED PRACTICES**

Examples may include:

1. Appropriate supervision and personal connection with the employee through such things as webcam discussions, regular emails and telephone calls;
2. Ensure the employee carries out a daily assessment of their home working environment to assess its safety and identify any potential hazards;
3. Ensure the employee understands it is their responsibility to comply with the OH&S Policy within their home; and
4. Review the process on a regular basis to determine it continues to be both reasonable and safe.

Signed by Employer:

Signed by Employee:

Date: .... / ..... / .....

Date: .... / ..... / .....