

## Working from home OHS Self-Assessment Checklist – During COVID-19

### Work Environment

We want to ensure that you have a safe work environment when working from home. While we cannot control your work at home we want you to take the time to have a look around the environment you will be working in to ensure the areas are clear of hazards. This includes checking areas such as walkways, amenities and other areas you may access during your working day.

This checklist is to guide you through these issues. Please complete it and return it before we agree that you can commence working from home.

#### Lighting

- The worksite is suitably lit for the proposed type of work Yes  No

#### Ventilation

- The work site is well ventilated (natural or artificial) Yes  No

#### Temperature

- The room is able to be suitably temperature controlled – heating/cooling Yes  No

#### Floors

- Floor coverings do not present trip hazards Yes  No
- Flooring at workstation allows easy movement of the user's chair Yes  No

#### Chair (If possible)

- The chair is easily adjusted from a seated position (Seat back height & angle, seat height) Yes  No
- When chair height is adjusted appropriately, the feet are positioned on the ground Yes  No
- The forearms and wrists are parallel to the floor or angled down slightly when chair height adjusted Yes  No
- Seat back angle is adjusted so user is in an upright position when using keyboard Yes  No
- If you do not have an adjustable chair, you feel safe and comfortable with the chair you are using Yes  No

#### Workstation Desk or Table

- Desk/table is large enough for the completion of mixed tasks (computer and reading / writing) Yes  No

- If documents are regularly referred to, they can be positioned & supported (ie use of document holder, or desk slope) Yes  No  N/a

**Monitor**

- Is positioned at approximately an arms distance when in an upright seated position Yes  No
- Is positioned at an appropriate height (neck remains in a neutral position - not required to look upwards or downwards to view monitor) Yes  No
- If using a laptop, this is either raised, or this is positioned on a docking station Yes  No
- You feel safe and comfortable with your computer and monitor set-up Yes  No

**Electrical**

- Sufficient power outlets are available to avoid trip hazards Yes  No
- Extension cabling is in good working order (ie not stretched or frayed) Yes  No
- Approved current protection devices (ie earth leakage circuit breakers) fitted Yes  No

**First aid**

- Access is available to suitable first aid supplies Yes  No

**Smoke detectors**

- The building is fitted with suitable smoke detectors Yes  No
- The smoke detectors are operational and tested regularly Yes  No

**Noise Levels**

- Noise levels are not distracting from task concentration Yes  No

**Actions or Equipment Required**

List any actions or equipment (eg document holder, monitor stand) or modifications (eg. workstation adjustments) required. Please note if we cannot accommodate such requests you may not be permitted to work from home.

I confirm when working from home my workspace complies with the above requirement.

**EMPLOYEE NAME & SIGNATURE:** .....

**DATE COMPLETED:** .....