

WORKING FROM HOME CHECKLIST

With workplaces preparing to have employees and volunteers working from home it is still advisable to ensure your team have a safe work environment regardless of their situation.

PERSONAL HEALTH & HYGIENE

Do you have any flu symptoms such as headaches, running nose, sore throat, cough or fever?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone in your home travelled overseas in the past two weeks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have hand sanitizer and face masks on hand?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKSPACE

How would you describe your home office?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A <input type="checkbox"/> Safe <input type="checkbox"/> At Risk <input type="checkbox"/> Not at all
Take some photos of your work area	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there anything that can be done to improve your working from home environment?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WORKSTATION

Do you have a desk or table to work from?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your chair set up correctly? Is your lower back supported and are your feet flat on the floor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have enough surface space on your desk to work comfortably?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your keyboard and mouse clean and within easy reach, without having to stretch?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you easily reach everything that you need without twisting and straining your upper body?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISPLAY SCREEN

Is your screen clean and positioned so there is no glare from a window or light?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your screen level with your eyes so it doesn't cause discomfort to your neck or head?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FIRE AND ELECTRICAL SAFETY

Do you have an emergency assembly point outside of your home in place in case of fire?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your smoke detectors working and checked regularly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you regularly dispose of waste, including papers, to prevent a build-up of fire 'fuel'?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any electrical equipment spark or show signs of damage or deterioration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you switch off equipment when not in use?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STRESS & WELFARE

Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have easy access to first aid equipment if required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a window or long-distance view to look at every 15 minutes to give your short-sighted muscles a rest?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SLIPS, TRIPS & FALL HAZARDS

Are floor coverings, such as carpets and rugs secure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are walkways and corridors clear of trip hazards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the floor area around your desk clear of boxes, papers and wires?	<input type="checkbox"/> YES <input type="checkbox"/> NO

LONE WORKING

Do you know the name and number of a manager or supervisor who you can get in touch with easily?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a system for regularly 'checking in' with your employer if you are not visibly online each day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your home kept secure whilst you're working from there?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature: _____ Date: ___/___/2020.

Name: _____