EVENT

HOSPITALITY & ENTERTAINMENT

EST 1910

WORKING FROM HOME (WFH) CHECKLIST AND CONFIRMATION

A risk assessment of all work activities is required by the EVENT Workplace Health and Safety Policy. The following check-list provides a template for WHS Risk Assessment when planning to work from home.

Tick the box for each risk statement below if it is accurate.
Where there are 'no' boxes ticked and or areas that require attention, these will be addressed with your manager and the Risk Team, with the aim to provide 'reasonably practicable' corrective actions.

1. GENERAL DETAILS	WFH Request NO:	
Name of Staff Member:	Name of Supervisor/Line Manager:	
Details of WHS space:	Location:	
Time period for WFH Request (validity):	Start date:	End date:

2. PHYSICAL ACTIVITY	YES	NO
I have been provided information on how to conduct stretching movements. (Stretching Videos) *Based on the work you're undertaking, consider changing your posture, stand up when on the phone, sit in a different position/chair or stand when reading documents.	☐	☐
I have been provided information on how to conduct any manual handling tasks, that require any lifting, pushing, or moving any work items that I may need to complete whilst working from home. (Manual Handling Videos)	☐	☐

3. WORK ENVIRONMENT	YES	NO
I have been provided information on how to set up my Home office. (Setting Up a Home Office)	☐	☐
Do you believe that your work environment is suitable and fit for purpose for you to work from home.	☐	☐
Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes.	☐	☐
Walk-ways and paths to exits are reasonably direct, clear of clutter and trip hazards.	☐	☐
The work area is segregated from other hazards in the home eg., hot cooking surfaces in the kitchen.	☐	☐
There is sufficient ventilation and thermal comfort, regardless of the season.	☐	☐
There is no excessive noise affecting the work area. (Where possible)	☐	☐

4. WORKSTATION SET UP	YES	NO
I have been provided information on Working from Home Ergonomics. (Working From Home Ergonomics) *Here are some more helpful hints and tips - Ergonomics - Workplace Post	☐	☐
There is adequate leg space under the workstation.	☐	☐
From the seated position, the most frequently used items are within easy reach.	☐	☐
There are no sharp contact points on the workstation or other equipment.	☐	☐
The chair moves freely, and has a stable base.	☐	☐
Keyboard position is flat and user distance allows user to relax shoulders with elbows close to the body.	☐	☐
Mouse is placed directly next to the keyboard.	☐	☐
Monitor height is adjusted so top of screen is at or slightly lower than eye level.	☐	☐
Viewing distance is between 350mm - 750mm.	☐	☐
Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source.	☐	☐

5. ELECTICAL	YES	NO
Power outlets are not overloaded with double adapters and power boards.	☐	☐
Connectors, plugs and outlet sockets are in safe working order.	☐	☐
Electrical equipment is free from any obvious external damage. (Nicks, exposed conductors or visible damage)	☐	☐
Electrical cords are safely stowed and are not potential trip hazards.	☐	☐

6. EMERGENCY EGRESS	YES	NO
Are the paths to exit clear of clutter, trip hazards and reasonably direct? *Remember to remove any potential trip hazards.	☐	☐

7. INDIVIDUAL FACTORS	YES	NO
Arrangements are in place for person(s) other than the employee to care for any dependents during the employee's ordinary hours of duty.	☐	☐
The employee's fitness and health is suitable to the tasks to be undertaken.	☐	☐
Any special needs to ensure health and safety are accommodated. (If yes please list below)	☐	☐

8. OTHER CONSIDERATIONS	YES	NO
Mobile phone, telephone or other communiction devices are readily available to allow effective communication in case of emergency situations?	☐	☐
Emergency contact numbers and details are known ie., 000 for fire, ambulance or police, or specific numbers for EVENT contacts.	☐	☐

9. SAFETY EQUIPMENT	YES	NO
Do you have First Aid supplies that are available and suitable for task?	☐	☐
Are the smoke detectors, or similar, are installed in the work area and properly maintained to provide early warning of fire?	☐	☐
I will report any Accident and or Incidents promptly to my manager.	☐	☐

10. EMERGENCY PLAN	YES	NO
I have Emergency contact numbers accessible, and details have been shared with my manager.	☐	☐

11. WFH CONFIRMATION

I have completed the above checklist and confirm that the answers are correct, complete and reflect my current WFH arrangements. I also confirm that:

- I am not aware of any other significant or material matter that should be highlighted to my manager in relation to my proposed WFH arrangements.
- I will immediately advise my manager (and complete a new checklist), should there be any significant or material change to the location or conditions of my WFH environment.
- I will report all work related safety incidents.
- I acknowledge that EVENT may require an on-site inspection to verify and confirm that the WFH environment is fit for purpose.

Note any issues that require further attention:

Requestor:	Signature:	Date:

I have reviewed and discussed the WFH checklist and each relevant point. I have approved the WFH arrangements, subject to any issues which require attention noted below.

Note any issues that require further attention:

Approver:	Signature:	Date: