

Employers have an obligation to their employee's health and safety whilst they're at work and this includes employees working from home. If you're considering allowing staff to work from home during this COVID-19 period, then you can utilise this Working from Home WH&S Checklist.

This will help you to identify any potential risks and take appropriate action to eliminate or minimise the risks to your employees. In the instance that employee is in quarantine or needs to self-isolate we suggest the employee completes this checklist and take photographs to support their answers.

If you have any questions regarding this checklist or any other concerns regarding the current situation and how it relates to your employees, please don't hesitate to contact Vanessa from HR Maximised on 0418 190 106 or vanessa@hrmaximised.com.au

Working from Home Office Checklist

Location: _____

Inspected by: _____ Date: _____

| Designated work area | Y/N | Comments/Actions Required | Photo attached |
|--|------------|----------------------------------|-----------------------|
| Walk areas free from cables and cords | | | |
| Floor of work area is level. No loose carpet / tiles etc. Mats / rugs in use are appropriate | | | |
| Lighting is adequate for tasks being performed. Glare controlled. | | | |
| Good housekeeping. Area clear of boxes, rubbish, storage items. | | | |
| No excessive noise | | | |
| Ventilation and room temperature can be controlled in all seasons. | | | |
| Windows in good working order | | | |
| Emergency and safety | Y/N | Comments/Actions Required | Photo attached |
| Pathway to exit is clear | | | |
| Evacuation plan in place | | | |
| Exit doors easily opened from inside | | | |
| Smoke detectors installed and tested | | | |
| Exit doors easily opened from inside | | | |
| First aid kit available | | | |
| Telephone is readily available to allow for emergency communication | | | |
| Procedure is in place for reporting of incidents | | | |
| Electrical | Y/N | Comments/Actions Required | Photo attached |
| Power outlets not overloaded | | | |
| Multi plugs with overload protection devices in place | | | |
| Electrical cords are safely stored | | | |
| Connectors, plugs and outlet sockets in safe working order | | | |
| Are all cords, cables and extension cords free from wear and tear and damage | | | |
| Safety switch installed | | | |

| Workstation Set Up | Y/N | Comments/Actions Required | Photo attached |
|---|------------|----------------------------------|-----------------------|
| Desk or work table is suitable for use, appropriate height and suitable leg space under. | | | |
| Work station set up is appropriate with most common items in use within reach | | | |
| Keyboard and mouse are appropriate for use and mouse can move freely in use | | | |
| Monitor is height adjustable so top of screen is at or slightly lower than eye level. Viewing distance is between 350mm-750mm | | | |
| Monitor is positioned to avoid glare | | | |
| Adequately guarded, where necessary | | | |
| Files, confidential information can be stored appropriately. | | | |
| Chair | Y/N | Comments/Actions Required | Photo attached |
| Seat is in good condition with good movement. | | | |
| Seat height, tilt and back height are adjustable and appropriate for the worker. Worker can have arms and forearms at a right angle when resting on a keyboard. | | | |
| Adequate seat and lumbar support | | | |
| Feet are flat on the floor or on an appropriate footrest so that knees are at a right angle. | | | |
| Stairs and Landings | Y/N | Comments/Actions Required | Photo attached |
| No worn or broken treads | | | |
| Handrails in good repair | | | |
| Landings clear of boxes and other obstructions | | | |
| No-skid gratings in good condition | | | |
| Support columns in good condition | | | |
| Other considerations | Y/N | Comments/Actions Required | Photo attached |
| Care arrangements in place for children or other dependents whilst the employee is engaged in work from home | | | |
| Arrangements are in place to reduce hazards or distractions caused by other persons or pets in the home | | | |
| Appropriate start / finish / break times and arrangements have been agreed and set | | | |

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Document below immediate corrective actions required to immediately eliminate, substitute, engineer, administrate or PPE the hazard / risk.

Delegate responsibility for corrective actions as appropriate.

Once initial corrective actions are undertaken submit check sheet to Health and Safety Officer

| Action Required | By Whom | By When | Completed |
|-----------------|---------|---------|-----------|
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The designated home workspace has been inspected and any risks / hazards have been identified, discussed and appropriate action implemented.

The employee is aware that if there is a change to the location or the conditions on the workspace then they must inform their manager and new checklist completed.

Employee's Name: _____

Employee's Signature: _____

Date: _____

Manager's Name: _____

Manager's Signature: _____

Date: _____