

Working from Home Self-Assessment Form

For those staff who the Company agrees can work from home they need to complete this self-assessment to give management an assurance that basic Health and Safety requirements can be met in the individuals home environment.

This check list is for you, the employee to enable you to inspect your remote workplace to determine if it is a safe and healthy work environment.

REMOTE WORKPLACE HEALTH AND SAFETY CHECK

Remote Environment

YES/NO	
	1. My desk, chair and other accessories are suitable to my needs.
	2. The furniture, shelves, cabinets, and bookcases in the area I will work are sturdy and properly installed (i.e. anchored to wall where necessary).
	3. My workstation is adjusted properly. My desk, chair, computer monitor, and keyboard are at the appropriate heights and adjustments (e.g. head and wrists are in a neutral position).
	4. I am aware of how to prevent muscular-skeletal injuries (e.g. take breaks to prevent extended hours of repeated motions or of being in the same body position).
	5. The lighting is properly arranged and appropriate for my work (e.g. there are no reflections on or glare from the computer monitor).
	6. I have control over levels of ventilation, temperature, light, and sound.
	7. I have made sure that there are no tripping hazards such as frayed or wrinkled carpets or obstructed halls, walkways, or entries and that any guardrails are properly installed.

Electrical Safety

YES/NO	
	8. Any extension cords are in good condition and positioned properly.
	9. There are no cords and cables that may cause a tripping hazard.
	10. Outlets are grounded and not overloaded.
	11. Outlet covers are safe and not in need of repair.
	12. There is surge protection for electrical equipment.
	13. There is sufficient ventilation for electrical equipment.

Fire Protection

YES/NO	
	14. There is a smoke detector in close proximity to my workstation. I will regularly check to ensure it is in proper working condition.
	15. Paper materials are stored safely away from heat sources.
	16. Any hazardous product is properly stored away to prevent accidental exposure.
	17. I have complied with prescribed standards relating to fire safety and emergency measures.

Emergency Procedures

YES/NO	
	18. An evacuation plan has been established.
	19. Emergency contact numbers are posted near the telephone.
	20. For emergency contact purposes my home phone is _____, my mobile number is _____ and home email address is _____
	21. A periodic contact schedule has been established (minimum contact has been identified) with the Chief Executive.
	22. My manager knows how to reach someone near me in the event of an emergency.
	23. I am aware that I must immediately report any accident or injury to my manager.

Security of Tools and Information

YES/NO	
	24. I have a lockable cabinet / drawer within which to secure any Company information and tools when I am not working or out of the home work area.
	25. I have a secure USB key for all electronic IR records/information and none of this will be copied or saved to my home PC.
	26. My home work area will not be shared with other family members for friends for the duration I am working from home.
	27. Arrangements have been made for secure transfer of work-related information between my home and the Company. This includes returning all paper records for destruction at the Company's office.

Other Hazards

	28. Any other health and safety hazards have been identified and if unable to be eliminated measures have been taken to minimise. (please specify below).
Comments:	

I have checked and verify that my designate work place at home has been checked against the above requirements and I have taken the necessary measures to identify/eliminate or minimise any hazards identified.

I agree to attend any team/group catch-up meeting at a set location and to maintain proactive communication with my manager while working from home.

I will immediately report any injury that I have while working from home, including details as to how this occurred. to my manager.

Signed: _____

Signed: _____

Employees Name: _____

Managers Name: _____

Date: ___/___/___

Date: ___/___/___