

Working from Home OHS & Ergonomic Checklist



inspired
people solutions

WORKING FROM HOME CHECKLIST		
WORKER'S NAME:	_____	
ADDRESS:	_____	
DESIGNATED WORK AREA:	_____	PHONE: _____
CHECKLIST COMPLETED BY:	_____	DATE: _____
GENERAL LAYOUT	YES	NO
1. Is there a separate office/area available to work in? Where is it located in the home?	<input type="checkbox"/>	<input type="checkbox"/>

2. Is the lighting in the room adequate for the tasks being performed?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)?	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there any sources of excessive or disruptive noise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the layout of the workplace allow easy access to equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are floors clear of trip hazards on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
7. What type of work at home is proposed and is it suitable to be conducted in the home environment?		

SUPERVISION		
8. Outline the supervision arrangements for this work		

9. Has the Worker received the necessary information and training to do the work safely?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has there been an agreement made in writing concerning work hours, work breaks etc	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL SERVICES		
11. Are safety switches or earth leakage circuit breaker installed?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are power boards used to prevent overloading of power points and use of double adaptors?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are electrical leads or extension cords exposed or damaged?	<input type="checkbox"/>	<input type="checkbox"/>

Name & Position of Employee: _____

Address of Employee: _____

DATED this day of , 2020.

Signed: _____