Working from home

Health and Safety Checklist

The checklist must be completed for all arrangements where an employee works from home on a regular basis. It is designed to help employees and their managers/supervisors assess work health and safety risks in the home office and minimize risk of illness and injury. For more information on working from home, please refer to the Flexible Work [Policy and Procedure](https://staff.mq.edu.au/work/strategy-planning-and-governance/university-policies-and-procedures/policies/flexible-work).

**HOW TO USE THIS CHECKLIST**

This checklist must be used when:

* + applying to work from home on a regular basis
  + renewing working from home arrangement
  + there is a change to the location or conditions of the home workspace

**Key steps:**

1. Employee must discuss their intention to apply for working from home with their line manager prior to completing this form.
2. Employee submits the completed checklist and a photo of self at home workstation for manager’s review.
3. Manager reviews the checklist and the photo.
4. If no issues, the manager signs approval.
5. If an issue is identified, the manager consults with Health and Safety Advisor. If the issue is resolved, the manager signs approval.
6. The manager submits the signed checklist with the Application for Flexible Work to HR for processing the flexible work request.

**Please provide a true and accurate assessment of the home work space/equipment.**

|  |  |
| --- | --- |
| Employee’s name | Click or tap here to enter text. |
|  | |
| Employee’s OneID | Click or tap here to enter text. |
|  | |
| Faculty/Office | Click or tap here to enter text. |
|  | |
| Department/Unit | Click or tap here to enter text. |
|  | |
| Date of application | Click or tap to enter a date. |
|  | |
| Describe the type of work to be done from home location | Click or tap here to enter text. |

**Designated work area**

|  |  |  |
| --- | --- | --- |
| * A work area has been identified that allows work tasks to be undertaken safely | YES | NO |
| * The work area (including work documents and equipment) can be secured independently to prevent unauthorised access | YES | NO |
| * The work area is segregated from other hazards in the home, e.g. hot cooking surfaces in the kitchen | YES | NO |
| * Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes | YES | NO |
| * Glare and reflection can be controlled e.g. window dressing in place | YES | NO |
| * Ventilation and room temperature are comfortable, regardless of season | YES | NO |
| * There is no excessive noise affecting the work area | YES | NO |
| * The work floor and walkways are clear of clutter and trip hazards, such as torn carpet /rug | YES | NO |

**Workstation set-up and work practices**

|  |  |  |
| --- | --- | --- |
| * Work surfaces, chair and equipment are suited to the task and are set-up ergonomically | YES | NO |
| * Safe posture and work practices are adopted | YES | NO |

**Emergency exit**

|  |  |  |
| --- | --- | --- |
| * Path to the exit is accessible, sufficiently wide and free of obstructions or trip hazards | YES | NO |

**Electrical**

|  |  |  |
| --- | --- | --- |
| * Power outlets are not overloaded with double adapters and power boards | YES | NO |
| * Earth leakage circuit protection is in place for work related equipment | YES | NO |
| * Electrical cords are safely stowed | YES | NO |
| * Connectors, plugs and outlet sockets are in a safe condition | YES | NO |
| * Electrical equipment free from any obvious external/cord damage | YES | NO |

**Security & emergency procedures**

|  |  |  |
| --- | --- | --- |
| * Security is sufficient to prevent unauthorised entry | YES | NO |
| * Telephone and other communication devices are readily available to allow effective communication in emergency | YES | NO |
| * Emergency contact numbers and details are known | YES | NO |
| * A communications procedure has been established to ensure regular contact between the staff member and their manager/ team and to report any incidents | YES | NO |

**Safety equipment**

|  |  |  |
| --- | --- | --- |
| * First Aid Kit (Type C at a minimum) is available | YES | NO |
| * Smoke detector is installed in/near the work area and is properly maintained | YES | NO |

**individual factors**

|  |  |  |
| --- | --- | --- |
| * The employee’s fitness and health is suitable to the tasks to be undertaken | YES | NO |
| * Any special needs to ensure health and safety have been advised to the manager | YES | NO |
| * Any dependent people have care arrangements in place | YES | NO |

**Photo of workstation**

|  |  |  |
| --- | --- | --- |
| * Photo of the home workstation and employee at the work station is provided | YES | NO |

REVIEW AND APPROVAL

Manager to review the checklist and workstation photo. To approve, complete one of the two options below as appropriate.

**OPTION 1: The home workspace meets health and safety requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| Manager: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | \_\_\_ / \_\_\_ / \_\_\_\_ Date |

**OPTION 2: The home workspace meets health and safety requirements with corrections**

|  |  |  |  |
| --- | --- | --- | --- |
| List implemented corrections: | Click or tap here to enter text. | | |
|  | | | |
| Manager: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | \_\_\_ / \_\_\_ / \_\_\_\_ Date |
|  | | | |
| Health and Safety Advisor: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature | \_\_\_ / \_\_\_ / \_\_\_\_ Date |