

**Working from Home WHS Checklist**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Church/Business Unit |  |

|  |  |  |
| --- | --- | --- |
| Workstation Set-Up | Yes | No |
| Is the floor surface safe and non-slip? |  |  |
| Is there sufficient floor space in the working area for free of movement? |  |  |
| Is there a RCD (safety switch) installed on your electrical switchboard |  |  |
| Electrical cords are safely stowed. |  |  |
| Use of power board is restricted to plug in multiple devices. |  |  |
| Connectors, plugs and outlets sockets are in safe working order. |  |  |
|  |  |  |
| Desk and Chair |  |  |
| Is the desk space sufficient? |  |  |
| Is the desk high enough to allow to be seated comfortably with adequate legroom? |  |  |
| Is the chair in good condition? |  |  |
| Are the seat height, seat tilt, angle and back rest all adjustable? |  |  |
| Is the chair able to be positioned close enough to the desk to ensure comfortable forearm support and effective back support? |  |  |
| Does the chair have a stable base (recommend five-star base)? |  |  |
|  |  |  |
| Monitor / Keyboard and Mouse |  |  |
| Monitor height is adjustable so top of screen is at or slightly lower than eye level. |  |  |
| Monitor and keyboard are placed directly and symmetrically in front of user. |  |  |
| If laptop, is there a separate keyboard and mouse? |  |  |
| If laptop, is there a separate LCD screen? |  |  |
| Are the mouse and keyboard lying flat on the desk? |  |  |
|  |  |  |
| Emergency Exit |  |  |
| Is there a working smoke alarm? |  |  |
| Path to the exit is reasonably direct and sufficiently wide and free of obstructions or trip hazards. |  |  |
| Is there a first-aid kit available? |  |  |
| Is there a fire extinguisher? (If working with hazardous chemicals) |  |  |
|  |  |  |
| Work Environment |  |  |
| Telephone or other communication devices are readily available to allow effective communication in an emergency. |  |  |
| Emergency contact numbers and details are known. |  |  |
| A process is in place for prompt reporting of incidents. |  |  |
| Is the lighting appropriate for the work being undertaken? |  |  |
| Walkways are clear of hazards. |  |  |
| I have attached a photo of the workspace desk/chair/computer set up to this assessment. |  |  |

|  |  |  |
| --- | --- | --- |
| Employee Declaration | Signature | Date |
| I confirm I have identified all risks to personal safety and resolved any hazards when working in a home base environment. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Approval | | | |
|  | Name | Signature | Date |
| Business Unit Manager / Committee of Management |  |  |  |