

Home-Based Work Health & Safety Checklist

Under Australian Work Health and Safety laws an employer has a duty of care to provide a safe and healthy place of work for all employees. This also applies to employee's who work from home as part of their employment agreement.

The aim of this document is to use a risk management approach in order to eliminate or reduce the risk of injuries and illness associated with work so far as reasonably practicable. Managing health and safety in the home office requires a process of hazard identification, risk assessment, risk control and evaluation of control measures whilst performing work.

Below is a checklist that will provide guidance on how to identify and control any hazards and should be completed prior to any approval or agreement is entered into.

Designation of home-based-site

- Prior to an employee being granted approval to commence a home-based work arrangement, the employee will inform your Company of the area(s) in the home to be used as the workplace. The area designated will be deemed to be the workplace and all other areas of the dwelling will not be classified as the workplace.
- 2. WHS checks need to be carried out in order to ensure that the proposed site conforms to acceptable WHS standards commensurate with the type of work being undertaken and the risk involved. The person proposing the home-based work is responsible for the set-up and reasonable modifications of the home- based site, unless alternative arrangements have been agreed to with your Company.
- 3. The employee can seek advice from your Company prior to approval should there be any on-going concerns that require specialist WHS advice.
- Approval for any proposed working from home arrangement should not be granted until any modifications to the home-based workplace as recommended by the assessment and review have been made.
- 5. If a suitable designated home-based site cannot be identified, a working from home arrangement will not be approved.





Home Office Checklist

Summary of work types & activity	ties performed in home environment		
1. Medical	Comment	Yes	No
Do you have a pre-existing injury that may be aggravated by performing tasks at the home office?			
Have you seen a health professional about this issue?			
Do you have any recommendations from the Health Professional?			
If you have answered YES to any of th professional please contact	e above questions or have any recommendations f prior to proceeding.	rom a h	nealth
2. Workstation			
Contract reach sector Maximum mach sector Contract sector reach sector reach sector Contract sector C			
Is the workstation size adequate for the tasks to be performed?			
Is there adequate leg space to allow free leg movement under the workstation?			
Is a footrest available? (Please advise Operations if one is required)			
3. Chair			
Do you have a fully adjustable chair that meets the AFRDI standard? AFRDI (the Australian Furniture Research and Development Industry).			
Is there adequate lumbar support?			



Is the padding adequate?				
Are you familiar with the chair adjustments?				
4. Computer, Screen, Keyboard				
Is the screen approximately arm's length from user?				
Are characters sharp (no fuzzy edges) standing out against background?				
Can the screen be adjusted (tilted up and down)?				
Is there adequate space to use the keyboard in front of the screen?				
5. Mouse				
Mouse close to the keyboard to minimis	se stretching			
Is the mouse as close as possible to the keyboard to avoid stretching for				
it?				
Is the mouse on the same height surface as the keyboard?				
6. Other Equipment				
Inline document holder (to reduce twisti	ing to view documents)			
Is a printer required?				



Home-Based Work Health & Safety Checklist

Is a document holder required?		
Does the document holder support the documents adequately? (Inline document holder recommended)		
Do you have frequent or prolonged phone calls?		
Is a headset required?		
Is there adequate storage space?		
Are heavy items stored on the ground?		
Are filing cabinets secure when opening draws?		

7. Environment





Thermal comfort

Assessing reflections

Is there adequate lighting for the tasks being performed?		
Is the room temperature comfortable – heating and cooling as required?		
Have you attached photographs of the plan of the work office including desk, power outlets, telephone and lighting?		

8. Other considerations



Is the floor space free from tripping hazards?		
Is the PC protected by a circuit breaker?		
Are there adequate power outlets to run the PC and other equipment?		



Home-Based Work Health & Safety Checklist

Is there a functioning smoke detector in the house?							
9. Emergency services						·	-
Do you have an emergency plan in case of fire? If your premise does not have an evacuation plan, please provide a dot point plan of your evacuation steps from your work environment.							
Is there a first aid kit available and are the contents in date?							
Has all electrical equipment in the home office been tested and tagged by a qualified person?			_	_			
If required all tagging and testing must be carried out by an approved person. An approved person may be a licensed electrician or a person who has completed the competency unit: <i>Conduct in-service safety</i> <i>testing of electrical cord assemblies</i> <i>and cord connected equipment.</i>							
I the applicant agree that all informatic workplace that is safe and without risk			this che	cklist is tru	ie and accura	te in provi	ding a
Employee's signature:							
Date:				(DD/MM	I/YYYY)		
Manager's signature:							
Date:				(DD/MM	I/YYYY)		
Photographic evidence attached:	Yes	No					
Approved by:	Yes	No					
Manager's Signature:							
Date:				(DD/MM	I/YYYY)		

Further Information and Assistance

Adherence to this policy will generally ensure compliance with WHS requirements and legislation. However, there may be instances where inadvertent breaches could occur. When in doubt users requiring assistance with interpretation of the policy, or who wish to report an incident, should contact



Agreed Equipment Arrangements

1. Equipment List					
Company:					
Employee:					
2. Supply of Consumables					
3. Remote Web Wo					
3. Remote web we					
4. Utilities					
5. Other Notes					