



# COVID-19

## WORKING FROM HOME CHECKLIST

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Employee's name: _____		
Address: _____		
Designated work area: _____		Phone: _____
Checklist completed by: _____		Date: _____
<b>General Layout</b>	<b>YES</b>	<b>NO</b>
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)? If no, please detail any defects: _____ _____	<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 daily?	<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? Please detail the type of work: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervision</b>		
8. Outline the supervision arrangements for this work: _____ _____ _____		
9. Has the Employee 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"/>
<b>Electrical Services</b>		
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"/>
<b>Ergonomics/Manual Handling</b>		
14. Is there ergonomic furniture available, that meets Australian Standards?	<input type="checkbox"/>	<input type="checkbox"/>

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• Chair?	<input type="checkbox"/>	<input type="checkbox"/>
• Desk?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a document holder required?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a footrest required?	<input type="checkbox"/>	<input type="checkbox"/>
• Are laptop stands used for laptops?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the furniture ergonomically adjusted?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the computer screen located at an appropriate height for the individual to avoid extremes of head and neck flexion?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are laptops connected to a docking station?	<input type="checkbox"/>	<input type="checkbox"/>
18. What manual handling tasks are performed? List the control measures in place.	<input type="checkbox"/>	<input type="checkbox"/>
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<b>First Aid/Injury Management</b>		
19. Is there adequate first aid available based on the nature of the hazards?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the employee aware of the company's incident reporting procedure, who to report incidents to and has access to incident reporting forms?	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the employee aware of the company's rehabilitation or injury management policy and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Photographs</b>		
22. Please attach photos of the work area and workstation	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speed Test</b>		
23. Internet speed test result ( <a href="https://www.speedtest.net/">https://www.speedtest.net/</a> ): _____		

**Please submit this completed Work from Home Checklist to your Manager**