

## WORKING FROM HOME CHECKLIST

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The completed checklist is to be returned to the respective manager as soon as possible. Working from home is not to commence until approval has been granted by an authorised person.

A record of this checklist is to be retained on the worker's personnel file at the time the arrangements to work from home were approved (including the photograph of the working area).

Where practicable, a home inspection may be required by the authorising Manager prior to approving the working from home arrangements. Where an inspection is not practicable, the worker may be asked to provide further information to satisfy the requirements of working from home. Working from home arrangements will be reviewed regularly to ensure a safe working environment is maintained.

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### Assessment conducted by:

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#### Worker details:

Full name:

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Work from Home Address:

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Work from Home Contact Number:

Personal email:

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Emergency Contact Name:

Emergency Contact Number:

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Details of work to be performed:

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Agreed work from home hours/days:

Commencement date:

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Job Title:

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#### Manager Details:

Name:

Job Title:

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### Working Environment

#### Designated work area

The floor of the work area is level and there is limited use of mats &/or rugs.

Yes  N/A

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#### Environmental conditions

Lighting is adequate for the tasks being performed.

Yes  N/A

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Glare and reflection can be controlled.

Yes  N/A

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Ventilation and room temperature can be controlled.

Yes  N/A

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Home Pets do not interfere with business activities – client phone call (noise levels), distractions, etc.

Yes  N/A

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There is no excessive noise affecting the work area.

Yes  N/A

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Walkways are clear of clutter and trip hazards

Yes  N/A

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The work area is separate from other hazards in the home, eg hot cooking surfaces in the kitchen.

Yes  N/A

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**Comments**

The working area is a smoke-free environment.  Yes  N/A

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**Emergency exit/s**

Path to the exit is free of obstructions or trip hazards.  Yes  N/A

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**Safety equipment**

A first aid kit is available for use and accessible.  Yes  N/A

A fire extinguisher is available for use.  Yes  N/A

Smoke detectors are installed and operational.  Yes  N/A

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**Security**

Security is sufficient to prevent unauthorized entry.  Yes  N/A

Communications have been established to ensure regular contact between worker and manager.  Yes  N/A

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**Electrical**

Power outlets are not overloaded – No double/piggy-back adaptors are to be used.  Yes  N/A

Earth leakage circuit protection is in place for work related equipment (Safety Switches are installed).  Yes  N/A

Electrical cords are safely stowed, not a trip hazard.  Yes  N/A

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**Workstation Set Up**  Yes  N/A

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**Complete the Ergonomics Checklist and submit with this assessment**

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**Nature Of Tasks**

Safe posture is adopted.  Yes  N/A

Any lifting, pushing or carrying task is well within physical capacity.  Yes  N/A

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**Other Factors**

Communication devices are readily available to allow effective communication in an emergency situation.  Yes  N/A

Emergency contact numbers and details are known.  Yes  N/A

A process is in place for the prompt reporting of incidents and injuries.  Yes  N/A

Arrangements are in place for person/s other than the worker to care for dependents during the worker's ordinary hours of duty.  Yes  N/A

The worker's fitness and health are suitable to the tasks to be undertaken.  Yes  N/A

Any special needs to ensure health and safety have been advised to the Manager.  Yes  N/A

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<b>Working from home policy</b>		<b>Comments</b>
Have you read the working from home policy and are you aware of your obligations	<input type="radio"/> Yes <input type="radio"/> N/A	
Have communication procedures between the worker and management/colleagues been agreed upon?	<input type="radio"/> Yes <input type="radio"/> N/A	
Are you clear on your hours of work and tasks?	<input type="radio"/> Yes <input type="radio"/> N/A	
You are aware that you must maintain regular contact with your manager and team	<input type="radio"/> Yes <input type="radio"/> N/A	
You know that all the Company's policies and procedures are still in force	<input type="radio"/> Yes <input type="radio"/> N/A	

<b>Confidentiality</b>		<b>Comments</b>
<b>Confidentiality policy</b>		
Have you read the confidentiality policy and are you aware of your obligations	<input type="radio"/> Yes <input type="radio"/> N/A	
Do you have a means of disposing of confidential documents properly?		
Details of how and where confidential information will be disposed:	<input type="radio"/> Yes <input type="radio"/> N/A	
_____		
_____		
Do you have a secure location to store confidential information?		
Details of secure location:	<input type="radio"/> Yes <input type="radio"/> N/A	
_____		
_____		
You have the contact details of your manager should you need to report missing information	<input type="radio"/> Yes <input type="radio"/> N/A	
You are aware that all Company documents are to be stored on your work computer or other storage approved by the Company	<input type="radio"/> Yes <input type="radio"/> N/A	
Information must not be left unattended	<input type="radio"/> Yes <input type="radio"/> N/A	
Materials in use must be locked away in a secure place	<input type="radio"/> Yes <input type="radio"/> N/A	
Electrical cords are safely stowed and not a trip hazard.	<input type="radio"/> Yes <input type="radio"/> N/A	

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**Additional Notes or Corrective Actions (also review Ergonomic Checklist where relevant)**

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**Photograph of Working Area / Workstation**



***NOTE:*** The photograph must clearly show the area where work will be performed, and all the equipment used.

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**Declaration**

The designated home office/working area has been reviewed and any risks to safety discussed with the authorising Manager.

The worker is aware that if there is a change to the location or condition of the workspace, the authorising manager must be informed as soon as possible, and a new checklist must be completed and placed on the worker's personnel file.

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**Workers Name** (Please print)

**Signature**

**Date**

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**Authorising Manager's Name** (Please print)

**Signature**

**Date**