SAI GLOBAL

WORKING FROM HOME CHECKLIST

INSTRUCTIONS FOR USE

- This checklist is to be completed by all workers who work from home (WFH) on a regular basis and is valid for one year.
- The Workstation Checklist is to be utilised if a more detailed assessment of the workstation is required.
- Completed forms are to be returned to the worker's Manager for sign off. Authorised forms are to be sent to the local HR Team.
- Corrective actions are to be entered into the Safety, Incident and Gift (SIG) System.
- Note: This checklist is also available for online completion in SIG.

WORKER DETAILS

Name:	
Home Address:	
Duties to be performed:	
Frequency of WFH:	Other comments:
Date Completed:	Date of next Inspection:
Completed by:	Position:
Signature:	

No.	Item	Response (Yes / No / NA)
1.0	**WORKSTATION**	
1.1	Does the chair provide adequate back support?	
1.2	Can the chair be adjusted to suit the user? (i.e. seat height, backrest height)	
1.3	Is the chair solid and stable?	
1.4	If armrests are used, do they fit under the desk and/or not restrict the user from getting close to the desk?	
1.5	Can the workstation be adjusted to ensure the correct posture of the user? - 90-degree angle at the hips and knees - Feet flat on the floor or footrest - Relaxed shoulders - 90-95-degree angle at the elbows - Upright trunk/torso - Neutral wrists	
1.6	Is the workstation set up to prevent sustained or repetitive twisting of the neck and back?	
1.7	Is there sufficient space on and under the desk?	
1.8	Is a detachable keyboard used where there is **frequent** use of a laptop?	
1.9	Is a detachable mouse used where there is **frequent** use of a laptop?	
1.10	Is the monitor positioned to prevent neck strain? - Approximately one arm length away from the user - Top of the monitor positioned at the user's eye level	
1.11	Is the monitor positioned in a way to minimise glare?	

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No.	Item	Response (Yes / No / NA)
Comments:		

No.	Item	Response (Yes / No / NA)
2.0	ENVIRONMENT	
2.1	Is there adequate lighting in the home and work area?	
2.2	Is there adequate ventilation?	
2.3	Are walkways clear of trip hazards I.e. Electrical power cords or leads?	
2.4	Can temperature be adjusted to suit the worker?	
Comments:		

No.	Item	Response (Yes / No / NA)
3.0	EMERGENCY PREPAREDNESS	
3.1	Is there clear access and egress to ensure prompt evacuation in the event of an emergency?	
3.2	If a smoke detector is available, does it work?	
3.3	Does the worker have access to basic first aid supplies?	
3.4	Does the worker have access to a list of emergency numbers?	
3.5	Does the worker have access to a phone? (mobile or landline)	
Note: Fire equipment and first aid kits are not required and will not be provided unless an assessment has indicated the requirement for this equipment. Utilise the Risk Assessment Form if an assessment is required.		
Comments:		

No.	Item	Response (Yes / No / NA)
4.0	EQUIPMENT	
4.1	Is electrical equipment used in good condition?	
4.2	Are plugs, sockets, leads and switches free from damage?	
4.3	Are power outlets and switches in good condition?	
4.4	Are power boards used to prevent overloading? (i.e. to avoid the use of double adaptors)	
4.5	Are room heaters placed away from combustible materials? (e.g. paper, curtains)	
Comments:		

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No.	Item	Response (Yes / No / NA)
5.0	**OTHER**	
5.1	Is the home secure against unauthorised entry? (e.g. security doors, locked windows/doors, alarms)	
5.2	Have communication strategies been identified to ensure regular contact between the worker and their Manager?	
5.3	Is manual handling limited to prevent injury?	
5.4	Is the worker's exposure to hazardous chemicals minimised?	
Comments:		

CORRECTIVE ACTION PLAN					
No.	Hazard	Risk Level*	Control	Date to be completed	Person Responsible
1.					
2.					
3.					
4.					
5.					
6.					

* Refer to WHS Risk Level Matrix

MANAGER SIGN OFF	
Working from Home is:	Approved　　　　Not Approved
Actions entered into SIG?	Yes　　　　No　　　　N/A
Comments:	
Name:	
Signature:	Date: