**WORKSTATION AND HOME OFFICE CHECKLIST**

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| This checklist is designed to be used as a self-assessment. However, this checklist may be conducted by a Manager, Supervisor, WHS, Injury Management personnel or external specialists.  Workers who request to work from home must complete this checklist before formal working at home arrangements are approved by the relevant Manager. |

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| **Type of Assessment** | | Office Workstation - Complete Part A | | | Home Office –  Complete Part A and B | |
| **Workplace Assessment date** | |  | | | | |
| **Assessment completed by** | | Assessor        (Name / Position) | | | Worker | |
| **Address** (if home office) **and workstation area** | |  | | | | |
| **Worker Details** | | | | | | |
| **Current site name** |  | | | | | |
| **Worker first name** |  | | | | | |
| **Worker last name** |  | | | | | |
| **Payroll ID** (if applicable) |  | | | **Dept./Unit** | |  |
| **Program** (if applicable) |  | | | | | |
| **Position/job title** |  | | | | | |
| **Description of duties** |  | | | | | |
| **Percentage of time/day on tasks** | Computer Work (approx. %): | | | | |  |
| Reading / Writing (approx. %): | | | | |  |
| Telephone (approx. %): | | | | |  |
| Other activities (approx. %): | | | | |  |
| **Equipment used in role** | Laptop  Desk Top Computer  Monitor  Separate Keyboard | | Separate Mouse  Docking Station  Printer  Headset | | | Telephone (land)  Mobile  Other: |
| **Recommendations** |  | | | | | |

| **Part A – Workstation Assessment** |
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| **WORKSTATION Assessment (or Set-up) – Please use the ‘Workstation Setup Guidelines (005G)’ for this step.** | | | |
| **WORK SURFACE** | **Yes** | **No** | **Comments** |
| * The area of the work surface is adequate for the tasks to be performed. |  |  |  |
| * There are no sharp contact points on the workstation or other equipment |  |  |  |
| * The most frequently used items are within easy reach from the seated position |  |  |  |
| * The workstation is designed to prevent undue twisting of the neck or trunk |  |  |  |
| * The workspace is suitable for work to prevent poor postures |  |  |  |
| * A document holder is used if transcribing information from hard copy to computer or if referring to reference material for prolonged periods |  |  |  |
| **CHAIR** | **Yes** | **No** | **Comments** |
| * Chair conforms to Australian Standards and allows the following: |  |  |  |
| * Cushioned seat |  |  |  |
| * Height is adjusted so that the thighs are parallel to the floor with feet resting on the floor or on a footrest |  |  |  |
| * Lumbar tilt is adjusted so that the user is sitting upright while keying |  |  |  |
| * Lumbar height is adjusted to fit into the small of the back and adequate support the spine (to find the small of the back, stand with hands on waist) |  |  |  |
| * Chair armrests are not present, or can be removable or adjusted (e.g. low enough to clear the desk) |  |  |  |
| * Chair has five star (5 point) castor base present to ensure stability |  |  |  |
| * The chair height, seat tilt, angle and back rest are all easily adjusted from a seated position |  |  |  |
| **DESK** | **Yes** | **No** | **Comments** |
| * Workstation (or desk) is at a suitable height, width, and depth |  |  |  |
| * Forearms are parallel with the floor or angled slightly downward and shoulders in a neutral position (this can be achieved by lowering the desk to suit or with a fixed height desk, raising the chair – avoid ‘winging of the arms’). |  |  |  |
| * Sitting posture is upright or slightly reclined, with lower back supported |  |  |  |
| * There is adequate leg room under the desk, and no clutter |  |  |  |
| * Items are not stored under the desk that encroaches on the space or compromises sitting posture. |  |  |  |
| * A footrest is available if needed (large enough to support both feet) |  |  |  |
| **KEYBOARD and MOUSE** | **Yes** | **No** | **Comments** |
| * A detached keyboard and mouse will be used to ensure a comfortable working position when using a laptop |  |  |  |
| * Detached keyboard is thin enough for comfortable positioning of the arms (It should be less than 30mm thick at the home row keys). |  |  |  |
| * Wrists can be kept in a midline position during keyboard / mouse operation |  |  |  |
| * The keyboard to user distance allows user to relax shoulders with elbows close to the body |  |  |  |
| * The keyboard matt finished to prevent irritation from glare and reflection |  |  |  |
| * Mouse is placed directly next to the keyboard, fits hand comfortably and works freely |  |  |  |
| **SCREEN & Laptop Stand** | **Yes** | **No** | **Comments** |
| * A laptop stand is used to raise the laptop screen such that it is level with or at slightly lower height than eye level |  |  |  |
| * When sitting tall and looking straight ahead, the worker is looking at the top edge of the screen (avoid excessive / sustained neck flexion). |  |  |  |
| * All characters in the display easily legible and is the image stable |  |  |  |
| * The position and contrast of the screen can be adjusted |  |  |  |
| * If using a separate monitor, the height is adjusted so top of the screen is level with or at slightly lower height than eye level |  |  |  |
| * Laptop screen or monitor is approximately at arm’s length from user |  |  |  |
| * Laptop screen or monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source |  |  |  |

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| **TELEPHONE & HEADSET** | **Yes** | **No** | **Comments** |
| * The telephone is within easy reach from the seated position |  |  |  |
| * A headset available for continuous telephone operations, and: |  |  |  |
| * 1. Is lightweight, adjustable, and comfortable |  |  |  |
| * 1. Includes adjustable volume controls |  |  |  |
| **ENVIRONMENTAL CONDITIONS** | **Yes** | **No** | **Comments** |
| * *Lighting is adequate for the tasks being performed (i.e. easy to see and comfortable on the eyes* |  |  |  |
| * Glare and reflection can be controlled |  |  |  |
| * There is no excessive noise affecting the work area |  |  |  |
| * Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow) |  |  |  |

| **Part B – Home Office Environment** |
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| **WORK ENVIRONMENT** | | | |
| **Designated Work Area** | **Yes** | **No** | **Comments** |
| * A designated work/study area has been identified which provides sufficient clear space to enable the worker to have full range of movement required to work without risk of strain or injury. |  |  |  |
| * There are no trip hazards (e.g. cabling, mats, clutter) |  |  |  |
| **Access and Amenities** | **Yes** | **No** | **Comments** |
| * There are appropriate amenities (e.g. kitchen and bathroom) and they are free from obvious hazards |  |  |  |
| * Routes to amenities are adequate and clear of slip / trip hazards |  |  |  |
| * Entry and exit between the street and the workplace adequate and clear |  |  |  |
| **Emergency Exit** | **Yes** | **No** | **Comments** |
| * Path to the exits is reasonably direct |  |  |  |
| * Path to the exits is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage |  |  |  |
| **Security** | **Yes** | **No** | **Comments** |
| * Security is sufficient to prevent unauthorised entry by intruders |  |  |  |
| **Electrical** | **Yes** | **No** | **Comments** |
| * Power/communications cables adequately protected against damage? (Consider space and ventilation). |  |  |  |
| * Personal electrical items/cables in good order, repair, safely stowed and free from obvious external damage |  |  |  |
| * Sufficient power points available (no double adapters in use - power boards with overload switches will be used if required) |  |  |  |
| * Work issued equipment is tested and tagged? |  |  |  |
| **EMERGENCY PREPAREDNESS, Incidents and Check-In** | **Yes** | **No** | **Comments** |
| * An agreement has been established with the line manager to periodically confirm with the head office workplace that the home worker is safe and well |  |  |  |
| * Telephone or other communication devices are readily available to allow effective communication in an emergency situation |  |  |  |
| * Adequate first aid items available |  |  |  |
| * Operational smoke detector in/near the vicinity of the work area and is and is properly maintained |  |  |  |
| * Emergency contact numbers including police, ambulance, hospital, and doctor clearly visible |  |  |  |
| * Safety hazards or incidents will be reported via the Incident/Hazard reporting database (Rapid) |  |  |  |
| **HAZARDS – Nature of Tasks** | | | |
| **SLIP, TRIPS & FALLS** | **Yes** | **No** | **Comments** |
| * Floor surfaces intact and clean |  |  |  |
| * Floors clear of cables and other trip or slip items |  |  |  |
| * Floor mat available for easy glide of chair castors over carpet or hard floors |  |  |  |
| **HAZARDOUS MANUAL TASKS** | **Yes** | **No** | **Comments** |
| * There are no heavy files and equipment needing to be carried to and from the office |  |  |  |
| * Any lifting, pushing, or carrying type task is well within physical capacity (i.e. my work does not involve physically heavy, overly repetitious, or demanding tasks) |  |  |  |
| **WORK PRACTICES** | **Yes** | **No** | **Comments** |
| * Long periods of continuous activity can be broken by performing other tasks, changing position, standing up and stretching |  |  |  |

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| **Plan of the home-based office** |
| Please attach (*or insert below*) a plan/diagram and photograph of your home-based worksite.  Ensure the plan/diagram includes desk layout, power outlets, telephone, and lighting.  If you attach, please ensure the attachment is dated. |
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