

# WORKING FROM HOME OHS CHECKLIST

**Full Name:**

**Home Based Work Location:**

## 1. Seating

	Yes	No
Does the chair have a five-star base?		
Is the chair on a solid surface?		
Is the chair suitable for the floor surface? (Castors for carpet. Glides for smooth surfaces.)		
Is the chair stable and safe from tipping over?		
Is the seating height adjustable so that your thighs fit comfortably under the work surface?		
Is the backrest height adjusted to fit in to the small of your back, supporting the spine so that you are sitting upright?		
If the chair has armrests, do they allow unimpeded access to the work surface? <i>(NB: Armrests are only recommended for staff that specifically require them to support an injury as recommended by a certified medical practitioner).</i>		
Can your feet reach the floor comfortably? (If your feet are not flat on the floor, a footrest should be provided.)		
Is the backrest stable?		
Can the backrest be adjusted backwards and forwards?		
Can the backrest be adjusted up and down?		
If the work area is high, is a taller chair required?		

## 2. Workstation Ergonomics

	Yes	No
Can you get close to the desk without impediment? (Clear leg room under desk/table?)		
Is the seat adjusted so that your thighs are parallel to the floor with feet resting flat on the floor or on a footrest?		
Are the back of your knees higher than the seat? Are your knees bent at approximately 90 degrees?		
Are your hips bent at approximately 90 degrees?		
Are your elbows at a 90 degree level with the height of the desk?		

Are your elbows bent at 90 degrees with forearms horizontal when fingers touch the home keys?		
Are your wrists in line with your forearm?		
Is the screen positioned at approximately arm's length distance, ie 450mm – 700mm?		
When sitting upright and looking straight ahead, are you looking at the top edge of the screen?		
Are all characters in the display easily legible and is the image stable?		
Is your computer protected from glare?		
Is the keyboard central to the user, ie the G and H keys in line with the centre line of your body?		
Is there room to work from documents on one or both sides of the computer?		
Is a document holder required?		
Is the mouse and mouse pad as close as possible to the side of the keyboard and where practicable, at the same height as the keyboard?		
Is the workstation designed to prevent undue twisting of the neck or trunk?		
Are any other job aids required? If yes, please specify:		

### 3. Working Environment

	Yes	No
Is the lighting adequate for the tasks being performed?		
Is the employee able to control incoming natural light or glare sources?		
Is artificial light causing reflections from work surfaces or shadows over the task?		
Is there adequate heating and cooling?		
Are there any other potential safety problems? If so, please describe: - - -		
Is the work area free from obstacles and does it allow free access and egress from the work area?		
Are electrical cords and connections safe? (i.e. undamaged and unimpeded – not caught up equipment)		

#### 4. Other Issues

	Yes	No
Have hazards that may result in slips, trips or falls been identified and corrected? (eg loose cords across walkways, carpet trip hazards)		
electrical equipment such as computers are used, are power boards used rather than adaptors?		
Is a power surge device installed?		
Is a smoke alarm installed? (Note: it is a legal requirement that a smoke alarm is installed.)		
Are there any specific health issues that may require the provision of particular equipment? If yes, specify details:		
Has an Evacuation Plan been formulated for the home-based worksite?		
Have emergency contact arrangements been made?		
Is a fire extinguisher/blanket available? (It is strongly recommended that employees purchase a fire extinguisher or fire blanket.)		

**Full Name:**

**Date:**

**Signature:**