**This checklist should be completed by all staff members requesting to work from home BEFORE approval is granted by their supervisor. If the staff member answers ‘NO’ to any of the questions below, they will need to adjust their home workstation appropriately, or talk to their supervisors about what changes need to be made, to make their home workstation safe.**

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| --- | --- | --- |
| **Document Number:** CPHCE\_HS\_WHC03 |  |  |
| **Short name of project:** | **Today’s date:** |  |
| **Work at home predicted time period:** | **Hours per week worked at home:** |
| **Supervisors name:** | **Position title:** | **Phone No.:** |
|  |  | **Email:** |
| ***Workers Details*** |  |  |
| **Workers name:** | **Position title:** | **Phone No.:** |
|  |  | **Email:** |
| **Working From Home Self Assessment Work Station Check list**  |
| **Instructions:** Complete the [online Ergonomics](http://www.ohs.unsw.edu.au/ohs_training/index.html) course prior to completing this checklist. If you answer “NO” to any of these questions, you need to adjust your workstation appropriately, or talk to your supervisor about what changes need to be made, to make the workstation safe. For further information: [Guide to setting up your workstation](http://www.ohs.unsw.edu.au/officesafety/workstation_setup.html) |
| **Chair**  | **Yes**  | **No** |
| 1. Is the chair easily adjustable from a seated position? (i.e. Seat height, backrest height, backrest tilt) |  |  |
| *2. Is height of chair appropriate?* Check: When shoulders are relaxed, and elbows are by the side and at 90 degrees, are the forearms positioned:  (a) just above the desk surface for keying tasks? (b) just on desk surface for writing tasks?Are thighs now parallel to floor when feet are touching the ground/footrest? *If not, a footrest will need to be provided or current one adjusted ( do not alter above arm position)* |
| *3. Is height of backrest appropriate?* Check: Is the height of the backrest adjusted so the lumbar support of the chair is positioned in the curve of your lower back? (not around your hips) |
| *4. Is the angle of the backrest appropriate? Check:* Is the backrest angle adjusted so that when you are sitting up straight (approx 90 – 95 degree angle at the hips), the backrest is against your back and touching your shoulder blades? |
| *5. Is the depth of the seat pan appropriate?* Check: When you are seated in the chair, are there 2-3 finger spaces between the back of the knee and the edge of the seat? |
| Desk | **Yes** | **No** |
| *6. Are the desk dimensions appropriate? Check:* Is the desk height between 680mm and 735 mm high (for a fixed height desk)Is there enough room on the desk to complete computing and writing tasks in separate areas? (AS4442:1997 advises this should be at least 1600mm x800mm) |  |  |
|  |  |
| *7. Are you able to sit as close as possible to desk with no impediments?* If no check:Are there any boxes, old equipment etc, being stored under the desk, or arms on chairs that stop you from getting your chair as close as possible to the desk?  |  |  |
| *8. Is the desk height adjustable?* If yes: When the thighs are parallel to the ground and feet flat on the floor and elbow directly under the shoulder adjust desk height so that forearms are parallel to floor or angled down slightly. |  |  |
| **Keyboard and Mouse**  | **Yes** | **No** |
| *9. Is the centre of the alphabetical section of the keyboard positioned directly in front of the user and the computer screen?*  |  |  |
| *10. Is there enough room between the keyboard and the edge of the desk to rest the wrists, whilst not typing?*  |  |  |
| *11. Are the wrists elevated off the desk while typing?*(ie. Do NOT rest your wrists on desk or wrist rest while typing, only in typing breaks) |  |  |
| *12. Is the keyboard close enough to allow elbows to remain under the shoulder and close to body?* |  |  |
| *13. Are the legs of the keyboard retracted, to ensure flat wrists while typing?* |  |  |
| *14. Do your wrists remain in a “neutral” position while typing or using the mouse?*(ie. Not angled upwards, downwards or sideways)  |  |  |
| *15. Is the mouse moved using the shoulder as the pivot point not the wrist* (wrist should move across the desk with the mouse) |  |  |
| *16. Is the mouse at the same level as the keyboard and close enough so the elbows remain directly under the shoulders?*  |  |  |
| **Monitor**  | **Yes** | **No** |
| *17. Is the monitor positioned approximately one arms length away?* (ie. You should not have to lean forward to read screen) |  |  |
| *18. Is the top of the screen positioned at your eye level?* (If “No”, modify height with adjustable monitor stand or place laptop on a elevated position or in a laptop stand) |  |  |
| *19. Is the monitor positioned at right angles to light sources (e.g. window) and free from glare?* |  |  |
| **Phone and Documents** |  |  |
| *20. Is the phone positioned within easy reach, on the non dominant side?* |  |  |
| *21. Do you have to regularly write notes or use the computer while talking on the phone?* |  |  |
| *22. If yes, do you use a headset to prevent neck strain caused by cradling the phone?* |  |  |
| *23. Do you have to refer to documents while typing/entering data? If yes, check:*Do you have a document holder positioned between the monitor and keyboard or adjacent to the screen? (this is to prevent twisting of the neck, looking down.) |  |  |
|  |  |
| **Laptops**  |  |  |
| *24. Do you regularly use a laptop for periods of 1hr or more?* |  |  |
| *25. If YES, do you use a docking station or lap top stand with external, keyboard and mouse?**If NO, you will need to purchase the equipment listed above AND start at the beginning of this checklist to make sure your equipment is set up safely.*  |  |  |
|  |  |
| **Home Environment**  |  |  |
| *26. Do you have a lockable drawer/cabinet to hold secure records* |  |  |
| *27. Is all electrical equipment new or electrically tested and tagged?* |  |  |
| *28. Do you have access to first aid?*  |  |  |
| *29. Is there a smoke detector located near the work space?* |  |  |
| *30. Is your workstation positioned in a quiet space away from distractions (e.g. where children or other household occupants may be present)*  |  |  |
| *31. Does your home have secure front and back door?* |  |  |
| *32. Is your workstation positioned out of site of passers-by or screened from outside view (e.g. with blinds)?* |  |  |
| *33. Do you have access to confidential waste arrangements?* |  |  |
| *34. Have you informed your home insurance provider that you are working from home?* |  |  |
| **Sign and Date to confirm you have completed this checklist accurately and truthfully**  |  |  |
| **Worker’s name (print)** | **Signature**  |
| **Supervisor’s name (print)**  | **Signature**  |
| **Date** |