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| **WORKING FROM HOME CHECKLIST** |
| WORKER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DESIGNATED WORK AREA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHECKLIST COMPLETED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENERAL LAYOUT**1. Is there a separate office/area available to work in? Where is it located in the home?

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2. Are floor surfaces even? (e.g. no loose tiles or carpet that is torn or has ridges or holes)?

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2. Does the layout of the workplace allow easy access to equipment?
3. Are floors clear of trip hazards on a daily basis?
4. What type of work at home is proposed and is it suitable to be conducted in the home environment?

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| **SUPERVSION**1. Outline the supervision arrangements for this work

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2. Has there been an agreement made in writing concerning work hours, work breaks etc
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| **ELECTRICAL SERVICES**1. Are safety switches or earth leakage circuit breaker installed?
2. Are power boards used to prevent overloading of power points and use of double adaptors?
3. Are electrical leads or extension cords exposed or damaged?
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| **WORKING FROM HOME CHECKLIST** |
| **ERGONOMICS/MANUAL HANDLING**1. Is there ergonomic furniture available? Does it meet Australian Standards?
	* Chair
	* Desk
	* Is a document holder required?
	* Is a footrest required?
	* Are laptop stands used for laptops
2. Is the furniture ergonomically adjusted?
3. Is the computer screen located at an appropriate height for the individual to avoid extremes of head and neck flexion?
4. Are laptops connected to a docking station?
5. What manual handling tasks are performed? List the control measures in place.

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| **FIRST AID/INJURY MANAGEMENT**1. Is there adequate first aid available based on the nature of the hazards?
2. Is the worker aware of the company’s incident reporting procedure, who to report incidents to and has access to incident reporting forms?
3. Is the worker aware of the company’s rehabilitation or injury management policy and procedures?
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| **CHEMICAL SAFETY**1. Are chemicals required to be regularly handled during work hours?

If so list the chemicals used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Are Material Safety Data Sheets (Safety data Sheets) available for any chemicals in the workplace/home?

**PHOTOGRAPHS**1. Are there any photos of the work area and workstation?

If so attach to document. If not, provide reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❒❒❒ | ❒❒❒ |
| **ADDITIONAL COMMENTS AND ACTION TAKEN FOR THE ABOVE POINTS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |