Prior to approval of any Working from Home arrangement, an employee must complete and sign the following Self-Assessment Checklist in relation to his/ her proposed home-based work site.

**Further assistance and guidance can be obtained from Human Resources.**

|  |  |  |
| --- | --- | --- |
| **Equipment** | **EMPLOYER owned** | **Employee owned** |
| Computer/ laptop (please circle) |  |  |
| Wireless Internet Access/ Modem (please circle) |  |  |
| Printer |  |  |
| Landline /Mobile phone (please circle) |  |  |
| **TRAINING AND ENVIRONMENT** | **YES OR NO**  **(with comments if required)** | |
| Has your supervisor instructed you in OH&S requirements for working from home? | Yes  No | |
| Do you have a workstation? | Yes  No | |
| Is the floor space free of tripping hazards (cables etc) | Yes  No | |
| Is the lighting adequate for the tasks being performed? | Yes  No | |
| Are noise levels acceptable? | Yes  No | |
| Is the room temperature comfortable – heating and cooling as required? | Yes  No | |
| Is the chair fully adjustable? | Yes  No | |
| Does the chair have a 5-star stability base? | Yes  No | |
| Does the chair have adequate lumbar support? | Yes  No | |
| Are there adequate power outlets to run the computer and other equipment? | Yes  No | |
| Is your house protected by a circuit breaker and the computer by a surge protector? | Yes  No | |
| Have the IT equipment, software and service requirements been confirmed with IT provider and can be supported? | Yes  No | |
| Is the computer monitor approx. 600mm from you? | Yes  No | |
| Is the top edge of the computer monitor at the eye level of the user? | Yes  No | |
| Is the computer monitor free from glare and reflections from lights? | Yes  No | |
| Can the angle or position of the monitor be easily changed? | Yes  No | |
| Is the keyboard at a comfortable tilt angle or flattened for touch typing? | Yes  No | |
| Attached is a photograph of my home office set up | Yes | |

|  |  |
| --- | --- |
| Signature of Employee: | ---------------------------------------------------------------- |
| Date of Self-Assessment: | **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
|  |  |
| Signature of Supervisor | ---------------------------------------------------------------- |
| Date: | **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |