

Working from Home / Remote Workstation at Home – Self Assessment

This self-assessment needs to be completed by the Employee to ensure that they feel safe about the environment they work in at home / their remote work station. QORF generally does not require staff to work from home, this is a choice by the employee, provided that this is approved by the supervisor at QORF, and meets QORF's business requirements.

If there is anything unclear about the checklist, instructions or requirements, please discuss and resolve with the supervisor or the Office Manager.

WORK ENVIRONMENT		Yes	No
▶	Designated work area		
	• The floor of the work area is level and there is limited use of mats/or rugs	<input type="checkbox"/>	<input type="checkbox"/>
▶	Environmental conditions		
	• Lighting is adequate for the tasks being performed. Easy to see and comfortable on the eyes	<input type="checkbox"/>	<input type="checkbox"/>
	• Glare and reflection can be controlled	<input type="checkbox"/>	<input type="checkbox"/>
	• Ventilation and room temperature can be controlled, regardless of season	<input type="checkbox"/>	<input type="checkbox"/>
	• There is no excessive noise affecting the work area	<input type="checkbox"/>	<input type="checkbox"/>
	• Walkways are clear of clutter and trip hazards, such as trailing electrical cords	<input type="checkbox"/>	<input type="checkbox"/>
	• The work area is segregated from other hazards in the home, for example, hot cooking surfaces in the kitchen	<input type="checkbox"/>	<input type="checkbox"/>
	• Non smoking environment	<input type="checkbox"/>	<input type="checkbox"/>
▶	Emergency exit		
	• Path to the exit is reasonably direct	<input type="checkbox"/>	<input type="checkbox"/>
	• Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage	<input type="checkbox"/>	<input type="checkbox"/>
▶	Safety equipment checklist		
	• The work area contains a first aid kit	<input type="checkbox"/>	<input type="checkbox"/>
	• The work area contains a fire extinguisher able to be used to extinguish minor fires	<input type="checkbox"/>	<input type="checkbox"/>
	• A smoke detector is installed in/near the work area and is properly maintained	<input type="checkbox"/>	<input type="checkbox"/>
▶	Security		
	• Security is sufficient to prevent unauthorised entry	<input type="checkbox"/>	<input type="checkbox"/>
	• A communications procedure has been established to ensure regular contact between employee and manager	<input type="checkbox"/>	<input type="checkbox"/>
	• The work area can be secured	<input type="checkbox"/>	<input type="checkbox"/>

▶ Electrical	Yes	No
• Power outlets are not overloaded with double adapters and power boards	<input type="checkbox"/>	<input type="checkbox"/>
• Earth leakage circuit protection is in place for work related equipment	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical cords are safely stowed	<input type="checkbox"/>	<input type="checkbox"/>
• Connectors, plugs and outlet sockets are in safe working order	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical equipment is free from any obvious external damage	<input type="checkbox"/>	<input type="checkbox"/>

WORKSTATION SET UP

▶ Work surface	Yes	No
• There is adequate leg space under the workstation	<input type="checkbox"/>	<input type="checkbox"/>
• A footrest is available if needed	<input type="checkbox"/>	<input type="checkbox"/>
• From the seated position, the most frequently used items are within easy reach	<input type="checkbox"/>	<input type="checkbox"/>
• Cables are stowed away	<input type="checkbox"/>	<input type="checkbox"/>
• There are no sharp contact points on the workstation or other equipment	<input type="checkbox"/>	<input type="checkbox"/>

▶ Chair	Yes	No
• The seat height, seat tilt, angle and back rest are all adjustable	<input type="checkbox"/>	<input type="checkbox"/>
• The chair has a stable base (preferably five-star)	<input type="checkbox"/>	<input type="checkbox"/>
• The chair moves freely	<input type="checkbox"/>	<input type="checkbox"/>
• There is adequate lumbar support	<input type="checkbox"/>	<input type="checkbox"/>
• The chair's padding is adequate	<input type="checkbox"/>	<input type="checkbox"/>
• The seat height is adjusted so that arms and forearms are at right angles or slightly greater and forearms and hands form straight lines when resting on the keyboard	<input type="checkbox"/>	<input type="checkbox"/>
• The seat back is adjusted to support the lumbar curve of the lower back	<input type="checkbox"/>	<input type="checkbox"/>
• Feet are flat on the floor or on a footrest so that knees are bent at right angles and thighs are horizontal to floor	<input type="checkbox"/>	<input type="checkbox"/>
• The arm rests can be stowed whilst typing, but may be utilised to provide support during other activities	<input type="checkbox"/>	<input type="checkbox"/>

▶ Keyboard and mouse	Yes	No
• Keyboard to user distance allows user to relax shoulders with elbows close to the body	<input type="checkbox"/>	<input type="checkbox"/>
• Keyboard position is flat	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is placed directly next to the keyboard	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is at same level as the keyboard	<input type="checkbox"/>	<input type="checkbox"/>

▶ Monitor	Yes	No
• Monitor height is adjusted so top of screen is at or slightly lower than eye level (may need to be lower where bifocals are used)	<input type="checkbox"/>	<input type="checkbox"/>
• Viewing distance is between 350mm – 750mm	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor and keyboard are placed directly and symmetrically in front of user	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source	<input type="checkbox"/>	<input type="checkbox"/>

NATURE OF TASKS		Yes	No
Physical demands of tasks			
• Safe posture is adopted		<input type="checkbox"/>	<input type="checkbox"/>
• Any lifting, pushing or carrying type task is well within physical capacity		<input type="checkbox"/>	<input type="checkbox"/>
Work practices			
• Wrists are kept straight and not supported on any surface while typing		<input type="checkbox"/>	<input type="checkbox"/>
• Sitting posture is upright or slightly reclined, with lower back supported		<input type="checkbox"/>	<input type="checkbox"/>
• From the seated position the telephone is within easy reach, and either a hand is used to hold the telephone receiver or a headset is worn (ie no cradling of the receiver between shoulder and ear)		<input type="checkbox"/>	<input type="checkbox"/>
• Long periods of continuous activity are broken by performing other tasks, changing position, standing up and stretching		<input type="checkbox"/>	<input type="checkbox"/>
• Repetitive actions are not continued for long periods without appropriate breaks. Breaks should be taken after every 30 mins of keyboarding, including standing at least once per hour		<input type="checkbox"/>	<input type="checkbox"/>
OTHER FACTORS		Yes	No
Other			
• Telephone or other communication devices are readily available to allow effective communication in an emergency situation		<input type="checkbox"/>	<input type="checkbox"/>
• Emergency contact numbers and details are known		<input type="checkbox"/>	<input type="checkbox"/>
• A process is in place for the prompt reporting of incidents		<input type="checkbox"/>	<input type="checkbox"/>
Individual factors			
• Arrangements are in place for person(s) other than the employee to care for persons dependent on the employee during the employee's ordinary hours of duty		<input type="checkbox"/>	<input type="checkbox"/>
• The employee's fitness and health is suitable to the tasks to be undertaken		<input type="checkbox"/>	<input type="checkbox"/>
• Any special needs to ensure health and safety have been advised to the Senator or Member or authorised person		<input type="checkbox"/>	<input type="checkbox"/>

Self-assessment completed on date: _____

Employee Name, Signature and Date _____

Employer Name, Signature and Date _____