

H&S Home Audit – Ad hoc work from home checklist

Name:	
Role:	Date:

Please answer all of the questions below accurately.

Risk assessed	Yes/no	Action taken	Comments
Do you have a separate office or study at home?			
ls your chair adjustable?			
Do you know how to adjust your chair for optimum ergonomic comfort?			
Do you have a work desk or station?			
Do you work in a secluded spot away from interruption?			
Is the room well lit?			
Is the room well ventilated?			
Is your monitor or screen positioned at eye height level?			
Are any cables and wires secured safely?			
Do you take regular breaks to rest your eyes and stretch your body? (This should happen every hour)			
Will you commit to removing any obstructions or hazards that may cause a fall or injury if/when identified?			
Will you commit to taking all reasonable steps to ensure your H&S at home?			
Will you commit to raising any H&S issues			

or concerns with the [Company] management team?				
Do you commit to lock away any [Company] or client documentation at the end of the day or when leaving your work space for an extended period?				
I have read and understood the above and h	nave answe	red the questions t	ruthfully.	
Signed:				
Dated:				
Name:				