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? |  |  |  |
| Is 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 have answered the questions truthfully.

Signed: .................................................................

Dated: ..................................................................

Name: ..................................................................