H&S Home Audit – Permanent Work from Home Checklist

|  |  |
| --- | --- |
| Name: |  |
| Role: | Date: |

Please answer accurately all of the questions below:

| **Risk assessed** | **Yes** | **No** | **N/a** | **Comments** |
| --- | --- | --- | --- | --- |
| **Home Office** |
| Are the entry and exit points to the Home Office clear of any obstructions? |  |  |  |  |
| Do you commit that they will remain clear? |  |  |  |  |
| Is the lighting appropriate in the Home Office? |  |  |  |  |
| Are the noise levels appropriate for concentrating in a work environment? |  |  |  |  |
| Are the phone and internet access service / signal levels sufficient? |  |  |  |  |
| **Monitor** |
| Is the monitor positioned at the correct height? (That is eye-level so your neck should be in a neutral position). |  |  |  |  |
| Is the monitor positioned one arms-length away when seated? |  |  |  |  |
| Is the laptop in a docking station? |  |  |  |  |
| Is the screen in a glare free position? |  |  |  |  |
| **Chair** |
| Is the back of the chair adjusted so that the lumbar supports the lower back?  |  |  |  |  |
| Are your feet positioned flat on the ground? |  |  |  |  |
| Is the chair easily adjustable? |  |  |  |  |
| Are your arms and wrists in a relaxed position parallel to the floor or slightly lower? |  |  |  |  |
| **Desk** |
| Is the desk designed so that frequent turning or twisting is not required? |  |  |  |  |
| Is the desk of a sufficient size for a variety of tasks to be completed? |  |  |  |  |
| Is the desk between 735mm & 680mm high? |  |  |  |  |
| Are you able to sit close to the workstation without any impediment? |  |  |  |  |
| Do you have a document holder? This is required if you are required to complete a lot of copy typing. |  |  |  |  |
| **Keyboard & Mouse** |
| Are the mouse and the keyboard at the same height? |  |  |  |  |
| Are your elbows close to the side of the body when the keyboard and mouse are being used?  |  |  |  |  |
| If you are using a laptop for long periods is there a separate keyboard and mouse? |  |  |  |  |
| **Electrical** |
| Are all cords in a good condition and tucked away? |  |  |  |  |
| Are all power outlets not overloaded and with power boards? |  |  |  |  |
| Do the power boards contain a safety switch? |  |  |  |  |
| Safety |  |  |  |  |
| Are the relevant emergency contact numbers displayed? |  |  |  |  |
| Is there a fire extinguisher or fire blanket available? |  |  |  |  |
| Is there a first aid kit available? |  |  |  |  |

Actions or Equipment Review

Are there any actions or equipment that you believe are required?

|  |  |  |  |
| --- | --- | --- | --- |
| Action or Equipment | Rationale | Person responsible | Due date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Declaration & Authorisation

I, ................................................................. have read and understood the above and I confirm that the information I have provided above is true and correct to the best of my knowledge. I have received, read and agree to the requirements set out in the Home Safety Guide.

My contact details are:

Phone number: ………………………………………………

Address: ...............................................................................................................................

I commit to both reviewing the situation and resubmitting this checklist to my manager 12 months from this date on: .............................................................

Signed: ................................................................. Dated: …………………………

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

Manager Approval:

I currently manage ....................................................................... and confirm that I have reviewed and approved this assessment and that all actions and equipment have been finalised.

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

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

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