

WORKING FROM HOME REPORT

This Working from Home Report is designed to help both employers and employees assess workplace health & safety (WHS) risks in the home. Place the report once completed on your employee's file.

Work summary		
How often will you be working from home? Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Frequency: <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Other (specify): Basis: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (complete start/finish/review dates below) <input type="checkbox"/> Adhoc		
Start date:	Finish date:	Review date:
Start time:	Finish time:	Breaks:
Location where you will be working: <input type="checkbox"/> Home office <input type="checkbox"/> Other (specify):		
Equipment used: <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop <input type="checkbox"/> Printer <input type="checkbox"/> Other (specify):		
If you will be using a laptop do you have a separate:		
• keyboard		<input type="checkbox"/> Yes <input type="checkbox"/> No
• mouse		<input type="checkbox"/> Yes <input type="checkbox"/> No
• screen or a laptop riser.		<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ A separate keyboard and mouse should be used (rather than your laptop) and your screen should be raised (using a laptop riser) so that your monitor is at head height.		
Work tasks to be completed at home:		
Photos attached of your workspace/workstation setup		<input type="checkbox"/> Yes <input type="checkbox"/> No
Office area		
Lighting levels in the work area comfortable and working		<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor surfaces are in good repair (e.g. free from carpet tears, slip/trip hazards)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Work area free from sources of excessive or disruptive noise		<input type="checkbox"/> Yes <input type="checkbox"/> No
Layout of the workspace allows for easy access to equipment (identified above)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Doorways, passages, walkway, steps, space under desk kept clear		<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication		
Are you aware of how to report an incident/injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are communication arrangements agreed and understood between yourself and your manager (e.g. absences)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical		
Are all electrical switches and plugs intact and in good working order? (e.g. free from cracks, splits and punctures).		<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If electrical equipment is damaged it must not be used.		

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Workstation ergonomics	
Does your chair have an adjustable backrest and seat height? ▶ Check the chair is stable and can be fully adjusted. ▶ Check the back height is in the correct position and the seat height can be adjusted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your feet flat on the floor, without too much pressure from the seat on the backs of your legs? ▶ A footrest may be needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you complete repetitive data entry from another document? ▶ You may require a document holder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a desk to work on? ▶ A desk should be used to allow for ergonomic positioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your workstation set up correctly to allow you to work safely and efficiently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed by Employee	
Does any equipment need to be purchased? If yes, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Signature:
Position:	Date:
Approved by Employer	
Name:	Signature:
Position:	Date:

Actions Required		
Action	Person responsible	Completion date