Prior to approval of any Working from Home arrangement, an employee must complete and sign the following Self-Assessment Checklist in relation to his/her proposed home based work site and submit it to your Manager for approval. Further assistance and guidance can be obtained from the WH&S Coordinator.

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **YES/NO** | **Employee Owned** | **Employer owned** |
| Computer/Lap (please circle) |  |  |  |
| Wireless Internet Access |  |  |  |
| Printer |  |  |  |
| Landline/Mobile Phone |  |  |  |
| Training required on work to be conducted |  |  |  |
| Workstation Desk |  |  |  |
| Is the floor space free of tripping hazards (cables etc.)? |  |  |  |
| Is the lighting adequate for the tasks being performed? |  |  |  |
| Are noise levels acceptable? |  |  |  |
| Is the room temperature comfortable? |  |  |  |
| Is the chair fully adjustable? |  |  |  |
| Does the chair have adequate lumbar support? |  |  |  |
| Are there adequate power outlets to run the computer and other equipment? |  |  |  |
| Is your house protected by a circuit breaker and the computer by a surge protector? |  |  |  |
| IT equipment, software and service requirements have been confirmed with IT Services and can be supported. |  |  |  |
| Is the computer monitor approx. 600mm from you?  (where applicable) |  |  |  |
| Is the top edge of the computer monitor at the eye level of the user? |  |  |  |
| Is the computer monitor free from glare and reflections from lights? |  |  |  |
| Is the keyboard at a comfortable tilt angle or flattened for touch typing? (where applicable) |  |  |  |

Signature of Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Self-Assessment: / /

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_