

# Working from home Checklist



**HR ASSURED™**  
smarter workplace solutions

EMPLOYEE DETAILS	
Employee name:	
Employee number/ID:	
Department/site:	
CARER RESPONSIBILITIES	
Will you have full or partial care of a child or dependent person during any part of the hours you intend to work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
WORK HEALTH AND SAFETY	
Please indicate whether the following H&S requirements are satisfied at your home:	Chair with adjustable height: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sufficient leg space under desk: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Computer monitor is at the correct distance <i>(arm's length away from you and directly in front):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Computer monitor is at the correct height <i>(eye level is 2-3 inches below the top of the screen):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Screen angled away from the window <i>(to minimise glare):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Keyboard and mouse are situated correctly <i>(no stretching required, comfortable arm position):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Footrest: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Walkways clear of trip hazards: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work area free from rubbish and obstructions: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Room exits are clear in case of emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comfortable lighting <i>(correct balance between dim and bright; no flashing):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Minimal noise disruption: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comfortable temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Smoke detectors installed and working: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Safe and neat storage of all electrical cords and cables: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety switch on all power boards: <input type="checkbox"/> Yes <input type="checkbox"/> No
No observed frayed or defective leads: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	No sudden changes in floor surfaces without warning: <input type="checkbox"/> Yes <input type="checkbox"/> No No slippery or step surfaces: <input type="checkbox"/> Yes <input type="checkbox"/> No
What are the anticipated average number of hours per day you will be seated at a desk?	
Please list any other H&S hazards you have identified at the proposed location of work, and outline how you will address them:	

### EQUIPMENT, SERVICES AND SOFTWARE

Please indicate whether the following equipment and services are already available to use at the address above:	Electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Internet: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Computer/laptop: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate what equipment/services/software would need to be purchased/installed before the WFH arrangements could commence:	

### EMPLOYEE'S DECLARATIONS

*I agree that if my application to work from home is accepted, I will be expected to perform my duties to the same standard as if I was attending the workplace and continue to meet all deliverables, objectives and key performance indicators.*

*I agree that I will be present and working at the proposed working from home location during all normal business hours.*

*I agree that the Company may, in its absolute discretion, authorise this application on a temporary basis in order to assess its feasibility.*

*I agree that during my working from home time I will not have childcare responsibilities.*

*I agree to notify the Company if I become aware of any situation which would prevent me from performing my duties at home, including but not limited to, illness or childcare responsibilities.*

Signature:		Date:	
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### FOR COMPANY USE ONLY

I approve the working from home application set out above

Name:		Position:	
Signature:		Date:	