

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?

Yes No

If yes, please specify:

WORK HEALTH AND SAFETY

Please indicate whether the following WHS requirements are satisfied at your home:

Chair with adjustable height: Yes No

Sufficient leg space under desk: Yes No

Computer monitor is at the correct distance
(arm's length away from you and directly in front): Yes No

Computer monitor is at the correct height
(eye level is 2-3 inches below the top of the screen): Yes No

Screen angled away from the window
(to minimise glare): Yes No

Keyboard and mouse are situated correctly
(no stretching required, comfortable arm position): Yes No

Footrest: Yes No

Walkways clear of trip hazards: Yes No

Work area free from rubbish and obstructions: Yes No

Room exits are clear in case of emergency: Yes No

Comfortable lighting
(correct balance between dim and bright; no flashing): Yes No

Minimal noise disruption: Yes No

Comfortable temperature: Yes No

Smoke detectors installed and working: Yes No

Safe and neat storage of all electrical cords and cables: Yes No

Safety switch on all power boards: Yes No

No observed frayed or defective leads: Yes 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 WHS 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	
<p><i>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></p> <p><i>I agree that I will be present and working at the proposed working from home location during all normal business hours.</i></p> <p><i>I agree that the Company may, in its absolute discretion, authorise this application on a temporary basis in order to assess its feasibility.</i></p> <p><i>I agree that during my working from home time I will not have childcare responsibilities.</i></p> <p><i>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.</i></p>	
Signature:	Date:
FOR COMPANY USE ONLY	
<input type="checkbox"/> I approve the working from home application set out above	
Name:	Position:
Signature:	Date: