WORK FROM HOME HEALTH AND SAFETY CHECKLIST

The purpose of this checklist is to assess the home office/remote workstation of [Insert Organization Name’s] employees for any potential risks or hazards. Occupational health and safety is important and all local and provincial standards for a safe working environment are applicable to all employees, including remote workers. Employees must complete this checklist and either return the completed document to (Insert Position) or retain it to provide it upon request.

Name of Employee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| WORK FROM HOME SAFETY ASSESSMENT  | YES | NO |
| --- | --- | --- |
| Do you have a quiet work area where it is easy to concentrate and you have easy access to any tools/materials you need to complete your work (E.g., Electric outlets, internet connection, telephone lines/service)  |   |   |
| Are floor surfaces near the work area clean, dry, level, and free of clutter, electric cords, debris, protruding nails/screws or other trip/slip hazards?  |   |   |
| If there are carpets in the work area, are the carpets well secured to the floor and free of frayed or worn seams? |   |   |
| Are aisles, doorways, and corners free of obstructions to permit visibility and movement? |  |  |
| Are temperature and humidity levels in the work area adequate and are you able to adjust the temperature, if needed?  |   |   |
| Are the work area and any surrounding hallways, doorways, and corners free of obstructions and well illuminated to permit visibility and movement? |   |   |
| Is there appropriate ventilation and fresh air supply in the work area and has the ventilation system been inspected recently? (within the past year) |  |  |
| Is there any excessive noise and/or vibration in/around the work area?  |  |  |
| Does the workstation have adequate lighting with minimal strain to the eye and minimal glare on computer screens?  |  |  |
| If you are on the phone regularly (more than a ½ hour at a time throughout the day), are you using earphones or a headset to avoid neck or shoulder deviation? |  |  |
| If you are using a laptop or computer for prolonged periods of time, do you use a full-sized external keyboard, mouse, and mousepad?  |  |  |
| Is there any furniture in the work area that may obstruct walking paths/doorways?  |   |   |
| Is all furniture in the work area (Eg. table, desk, chair) in good condition and adjusted to an ergonomic and comfortable height and position for you?  |  |  |
| Do you have a chair/seating area in the work space that:* Supports your lower back?
* Allows you to place your feet on the floor while seated comfortably?
* Allows you to rest your hands/forearms on the desk comfortably when you are typing/keyboarding?
* Allows you to keep your elbows close to the body, your forearms close to parallel with the floor, and upper arms relaxed?
* Allows you to be able to read and see your screen without leaning forward, straining your body or eyes?
 |  |  |
| If you use a computer screen regularly, does the placement and height of your monitor and keyboard allow for a comfortable position (e.g., head looking forward, not turned to one side)?Note: If wearing progressive lens, you need to lower your screen approximately 5” below seated eye height to prevent tipping head/ neck back |  |  |
| Do you take hourly breaks from your workstation to stretch and move around? |  |  |
| If you use a computer or a digital device for prolonged periods of time, ​​do you take breaks from looking at your monitor/screen every 20 minutes for 20 seconds to avoid eye strain? |  |  |
| Do you regulate the hours you work so that you allow for adequate breaks for meals, hydration, rest, time off for family, and/or personal recreation daily? |  |  |
| Are you aware of and have access to sufficient mental health supports, if needed? |  |  |
| Are any/all stairs with four or more steps equipped with handrails and well illuminated?  |   |   |
| Are all phone lines, electrical cords, extension wires and electrical appliances in the work area in good condition and positioned safely (E.g., away from any contact with moisture, not obstructing walking paths, properly secured, grounded, and not overloaded)? |   |   |
| Is there surge protection for electrical equipment?  |   |   |
| Is the work area equipped with appropriate emergency systems? * A functioning smoke detector?
* A carbon monoxide detector?
* A working fire extinguisher?
* First aid supplies nearby?
* Contact information for emergency services (E.g., 911, ambulance, fire)?
 |  |  |
| Do you know how to operate a portable fire extinguisher?  |   |   |
| Does the work area meet any applicable building/fire codes or regulations? |   |   |
| How many exits are available in the work area and are all exit routes clear and unobstructed?  |   |   |
| Does your office know how to reach you or someone near you in the event of an emergency? |  |  |
| Are there appropriate security measures in place at the remote work location to ensure individual safety (personal security) and to prevent theft or non-authorized access to equipment and sensitive materials? |  |  |
| Do you have a procedure for any emergency events that may affect you at/around your work area?  |  |  |
| Do you have a contact schedule in place to maintain regular communication and check-ins with your manager/supervisor/coworkers/team members?  |  |  |