WORK FROM HOME OFFICE SAFETY CHECKLIST

| **Home Office Areas** | | | |
| --- | --- | --- | --- |
| Is the floor free of obstructions and tripping hazards? | * Yes | * No | * N/A |
| Walkways free of obstacles such as cords and cables and tripping hazards? | * Yes | * No | * N/A |
| Cords anchored or covered? | * Yes | * No | * N/A |

| **Furniture & Office Equipment** | | | |
| --- | --- | --- | --- |
| In good mechanical condition? | * Yes | * No | * N/A |
| Properly assembled and adjusted? | * Yes | * No | * N/A |
| Items secured from tipping? | * Yes | * No | * N/A |
| Free from sharp edges and corners? | * Yes | * No | * N/A |

| **Bookcases, Shelves & Cabinets** | | | |
| --- | --- | --- | --- |
| Secured from tipping? | * Yes | * No | * N/A |
| Drawers closed when not in use? | * Yes | * No | * N/A |
| Material safely stacked and stored? | * Yes | * No | * N/A |

| **Employee Awareness** | | | |
| --- | --- | --- | --- |
| Employees know how to report an accident or a hazard? | * Yes | * No | * N/A |
| Employees know whom to contact for first aid assistance? | * Yes | * No | * N/A |

| **Electrical Safety** | | | |
| --- | --- | --- | --- |
| Electrical Outlets not overloaded? | * Yes | * No | * N/A |
| Electrical cords in good condition? | * Yes | * No | * N/A |
| Grounding pins on plugs are present? | * Yes | * No | * N/A |
| Electrical Faceplates secure? | * Yes | * No | * N/A |

| **Workstation Ergonomics** | | | |
| --- | --- | --- | --- |
| Chairs fully adjustable (seat and back)? | * Yes | * No | * N/A |
| Monitors adjusted to the right height (Top of the screen should be at eye or eye-brow level)? | * Yes | * No | * N/A |
| Shoulders relaxed and forearms parallel with keyboard? | * Yes | * No | * N/A |
| Footrest available if required? | * Yes | * No | * N/A |
| Document holder available if required? | * Yes | * No | * N/A |
| Chairs are set-up so that the thighs are parallel to the floor? | * Yes | * No | * N/A |
| Are frequently used items located within the person’s primary reach zone? | * Yes | * No | * N/A |

| **Completion** |
| --- |
| Any other observations or recommendations |

Full Name and Signature of the person doing the inspection:

Date (DD/MM/YYYY):