Sample - Work From Home -Occupational Safety and Health Selfassessment

Office work

Employee details			
First name:	Surname:		
Home address:			
Contact number/s:			
Mandatory injury/illness disclosure			
Do you have a pre-existing injury or illness that could affect your capacity for work?		□ Yes □	□ No
Work environment			
Designated work area			
Is the designated work area adequate to allow for the required equipment? Consideration should be given to the work tasks being undertaken		□ Yes □	□ No
The work floor is level and there is limited use of mats or rugs.		□ Yes □	□ No
Sufficient space is available to enable work activities to be undertaken without excessive bending or twisting.		□ Yes □	□ No
A suitable office chair and table is available.		□ Yes □	□ No
Environmental conditions			
Lighting is adequate for the tasks being performed. The worker should be able to easily see documents and complete computer tasks without glare, reflection and without the need to strain their eyes.		□ Yes □	□ No
Glare and reflection can be controlled.		□ Yes □	□ No
Ventilation and room temperature can be controlled and maintained at a comfortable temperature.		□ Yes □	□ No
There is no excessive noise affecting the work area.		□ Yes □	□ No
Walkways are clear of clutter and trip hazards.		□ Yes □	□ No
It is a non-smoking environment.		□ Yes □	□ No

Emergency Exit	
Path to the exit is reasonably direct.	☐ Yes ☐ No
Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage.	□ Yes □ No
Security	
Security is sufficient to prevent unauthorised entry to the home.	☐ Yes ☐ No
Electrical	
Power outlets are not overloaded with double adapters and power boards.	☐ Yes ☐ No
Cables are stowed out of the way.	☐ Yes ☐ No
Earth leakage circuit protection (circuit breaker and surge protector) is in place for work related equipment.	□ Yes □ No
Electrical equipment (connectors, plugs and outlet sockets etc.) are in a safe condition and free from obvious damage.	□ Yes □ No