

# HOME OFFICE SELF ASSESSMENT CHECKLIST



Home Office Self Assessment Checklist to ensure safe and efficient practices while working from home.

* Your Name	* Date / Time

Employee Name

## PERSONAL HEALTH & HYGIENE

Do you have any flu symptoms such as headaches, running nose, sore throat, cough, or fever? <input type="checkbox"/> Yes (0/1) <input type="checkbox"/> No (1/1)	Has anyone in your home traveled overseas in the past two weeks? <input type="checkbox"/> Yes (0/1) <input type="checkbox"/> No (1/1)
Do you have hand sanitizer and face masks on hand? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1)	

## WORKSPACE

How would you describe your home office?  
 Dedicated office     Desk / table in a shared room     Work from bed space  
 Other

*This question only applies if How would you describe your home office? is Other*

Details

During the work day, are you likely to be distracted by others in the home? <input type="checkbox"/> Not at all <input type="checkbox"/> Sometimes, but not often <input type="checkbox"/> Frequently <input type="checkbox"/> Unsure	Photos of your work area - Attach to this report.
Is there anything that can be done to improve your working from home environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*This question only applies if Is there anything that can be done to improve your working from home environment? is Yes*

Details

## WORKSTATION

<p>Do you have a desk or table to work from?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Is your chair set up correctly? Is your lower back supported and are your feet on the floor?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Do you have enough surface space on your desk to work comfortably?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Are your keyboard and mouse clean and within easy reach, without having to stretch?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Can you easily reach everything that you need without twisting and straining your upper body?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	

## DISPLAY SCREEN

<p>Is your display screen clean and positioned so there is no glare from a window or light?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Is your display screen level with your eyes so it doesn't cause discomfort to your neck or head?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
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## FIRE & ELECTRICAL SAFETY

<p>Do you have an emergency assembly point outside of your home in place in case of</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Are your smoke detectors working and checked regularly, e.g. every month?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Do you regularly dispose of waste, including papers, to prevent a build-up of fire "fuel"?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Have you checked electrical equipment for spark, signs of damage or deterioration?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Do you switch off equipment when not in use?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	

## STRESS & WELFARE

<p>Do you sit with a good posture and not hunched over the desk?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Do you have easy access to first aid equipment if required?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Do you have a window or long distance view to look at every 15 minutes to give your short sighted muscles a rest?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>

## SLIPS, TRIPS & FALL HAZARDS

<p>Are floor coverings, such as carpets and rugs, secure?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	<p>Are walkways and corridors clear of trip hazards?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>
<p>Is the floor area around your desk clear of boxes, papers and wires?</p> <p><input type="checkbox"/> Yes (1/1)      <input type="checkbox"/> No (0/1)</p>	

## LONE WORKING

Do you know the name and number of a manager or supervisor who you can get in touch with easily? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1)	Do you have a system for regularly 'checking in' with your employer if you are not visibly online each day? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1)
Is your home kept secure while you are working there? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1)	Are important files and laptops kept locked away securely when not in use? <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1)

## SUMMARY

*This question only applies if Do you have any flu symptoms such as headaches, running nose, sore throat, cough, or fever? is Yes or Has anyone in your home traveled overseas in the past two weeks? is Yes or Do you have hand sanitizer and face masks on hand? is No or Is there anything that can be done to improve your working from home environment? is Yes or Do you have a desk or table to work from? is No or Is your chair set up correctly? Is your lower back supported and are your feet on the floor? is No or Do you have enough surface space on your desk to work comfortably? is No or Are your keyboard and mouse clean and within easy reach, without having to stretch? is No or Can you easily reach everything that you need without twisting and straining your upper body? is No or Is your display screen clean and positioned so there is no glare from a window or light? is No or Is your display screen level with your eyes so it doesn't cause discomfort to your neck or head? is No or Do you have an emergency assembly point outside of your home in place in case of is No or Are your smoke detectors working and checked regularly, e.g. every month? is No or Do you regularly dispose of waste, including papers, to prevent a build-up of fire "fuel"? is No or Have you checked electrical equipment for spark, signs of damage or deterioration? is No or Do you switch off equipment when not in use? is No or Do you sit with a good posture and not hunched over the desk? is No or Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles? is No or Do you have easy access to first aid equipment if required? is No or Do you have a window or long distance view to look at every 15 minutes to give your short sighted muscles a rest? is No or Are floor coverings, such as carpets and rugs, secure? is No or Are walkways and corridors clear of trip hazards? is No or Is the floor area around your desk clear of boxes, papers and wires? is No or Do you know the name and number of a manager or supervisor who you can get in touch with easily? is No or Do you have a system for regularly 'checking in' with your employer if you are not visibly online each day? is No or Is your home kept secure while you are working there? is No or Are important files and laptops kept locked away securely when not in use? is No*

<input type="checkbox"/> Item marked "No"
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Comments / Notes ----- ----- ----- -----	Signature
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