

# Safety System



<b>Name:</b>	Working From Home Checklist
<b>Safety Manual Reference Number:</b>	4.1.1.11
<b>Version:</b>	2

This checklist should be completed by the staff member who is working from home and should be reviewed by their Supervisor/Manager, OHS Office and Executive Manager of People and Governance prior to any approval to ensure any arrangement is appropriate and/or if any equipment or furniture is required. Thereafter a yearly review of the workspace is required.

Inspection Date:	
Name:	
Position:	
Employment type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Ongoing <input type="checkbox"/> Non- Ongoing
<b>Home Based Work Arrangement Details</b>	
Commencement date of arrangement:	
Expected end date of arrangement:	
Location of Home Office	
Home office contact information:	Phone: Mobile: Email:
Number of days/hours at <b>home based</b> site (per week):	<input type="checkbox"/> MON - <input type="checkbox"/> Ordinary Day <b>OR</b> <input type="checkbox"/> Start:.....AM/PM Finish: ..... AM/PM <input type="checkbox"/> TUE - <input type="checkbox"/> Ordinary Day <b>OR</b> <input type="checkbox"/> Start:.....AM/PM Finish: ..... AM/PM <input type="checkbox"/> WED - <input type="checkbox"/> Ordinary Day <b>OR</b> <input type="checkbox"/> Start:.....AM/PM Finish: ..... AM/PM <input type="checkbox"/> THU - <input type="checkbox"/> Ordinary Day <b>OR</b> <input type="checkbox"/> Start:.....AM/PM Finish: ..... AM/PM <input type="checkbox"/> FRI - <input type="checkbox"/> Ordinary Day <b>OR</b> <input type="checkbox"/> Start:.....AM/PM Finish: ..... AM/PM
<i>Please note that Work from Home arrangements may be reviewed at any time if your needs, or the needs of the Council's, change. If approved the Council has the right to request that you change to another working arrangement, even if temporarily, to meet special conditions or unforeseen circumstances.</i>	
Employee signature:	

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INTERNAL18/139	2	A CUDARS	29/1/2018	16/3/2020					3 YEARS

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<b>CHAIR</b>	
The chair is easily adjusted from a seated position (Seat back height & angle, seat height)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The seat back is adjusted so the lumbar support of the chair supports the lower back	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The forearms and wrists are parallel to the floor or angled down slightly when chair height adjusted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
When chair height is adjusted appropriately, the feet are positioned on the ground	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If feet are not positioned on the ground, a foot rest is provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Seat back angle is adjusted so user is in an upright position when using keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>WORKSTATION DESK</b>	
Desk is large enough for the completion of mixed tasks (computer and reading / writing)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Desk is between 680mm and 735 mm high	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If desk is height adjustable - is this easily adjusted? Adjusted so forearms are parallel to floor or angled down slightly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Desk is designed so frequent trunk twisting / rotation is not required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
User is able to sit close to workstation without any impediment (Check that the desktop is thin, chair arms are not in the way, clear leg room)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If documents are regularly referred to, they can be positioned & supported (ie. use of document holder, or desk slope) to avoid unnecessary neck movement looking sideways / downwards.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>MONITOR</b>	
Is positioned at approximately an arms distance when in an upright seated position	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is positioned at an appropriate height ( <i>neck remains in a neutral position - not required to look upwards or downwards to view monitor</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If using a laptop, this is either raised, or this is positioned on a docking station	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Monitor is positioned away from direct light sources and is free from glare / reflection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>KEYBOARD AND MOUSE</b>	
Elbows remain close to side of body when keyboard and mouse are utilised	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mouse is at the same level as the keyboard	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Separate keyboard and mouse is used if utilising laptop computer for extended periods	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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WORK ENVIRONMENT	
Lighting is adequate (able to read / refer to documentation without eye strain)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Noise levels are not distracting from task concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ventilation (natural or artificial) is adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
OTHER CONSIDERATIONS	
Is the floor space free from tripping hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the PC protected by a circuit breaker and surge protector?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there adequate power outlets to run the PC and other equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all power cables, leads, power boards etc in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you require special access to any Indigo Shire programs or drives? If so which programs or drives do you need?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Please add a photo of workspace to back page or forward photos to the OHS Office (0408 742 361) with name and reason for sending the photo so it can be added to this checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the employee completed ELMO Online Ergonomics Training Module and/or Indigo Shire Council Setting Up Your Desk Ergonomically (TRIM INTERNAL10/667)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Actions or equipment (including IT equipment) required:	
List any actions or equipment (eg. document holder, monitor stand) or modifications (eg. workstation adjustments) required:	
Checked by Supervisor /Manager	
Date:	
Checked by OHS Officer:	
Date:	
Executive Manager People and Governance	
Date:	

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