

WORKING FROM HOME CHECKLIST

As many workplaces shift to remote working arrangements, business owners must continue to ensure the health and safety of employees working from home.

This checklist is designed to help manage the risks associated with working from home due to COVID-19.

WORK ENVIRONMENT	Yes	No
Designated Workspace		
• Is there designated space at home for you or your employees to work without the risk of injury?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the work surface of you or your employees adequate for tasks to be performed, closely resembling the workspace in the office?	<input type="checkbox"/>	<input type="checkbox"/>
• Is there separation from distracting communal areas of the house i.e. kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Conditions		
• Is the lighting adequate and comfortable on you or your employees eyes?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your or your employees room temperature comfortable and controllable?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you adapted and rescheduled processes that require a physical presence using online tools?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the work area of you or your employees quiet and without excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you or your employees have access to the necessary amenities, including kitchen and bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
Furniture		
• Is the seat height, tilt, arm rest and back support of your chair adjustable?	<input type="checkbox"/>	<input type="checkbox"/>
• Has your or your employees seat height been adjusted so that your feet are flat on the floor and knees are bent at a 90 degree angle?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your or your employees desk at a suitable height with adequate leg room?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the furniture suitable for you and your employees to maintain an upright posture with lower back support?	<input type="checkbox"/>	<input type="checkbox"/>
Monitor & Computer		
• Is your monitor or computer placed approximately an arm's length away and directly in front of you or your employee?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the top of the screen level with or slightly below you or your employees eye level (recommended 40cm above the work surface)?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the monitor or computer positioned perpendicular to the window or light source to avoid glare?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your or your employees mouse located next to the keyboard, with elbows bent at a 90 degree angle, wrists straight and shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
Laptop		
• If you or your employees are using a laptop, is it raised on a stand so it is at eye level?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you or your employees using an external keyboard and mouse in conjunction with the laptop?	<input type="checkbox"/>	<input type="checkbox"/>

NETWORK & CYBER SECURITY

YES

NO

- Is your security monitored and maintained through VPN access and multi-factor logins? YES NO
- Are parts of your network that do not require access are locked down? YES NO
- Do your money transfers require more than one person to sign off and are confirmed over the phone only? YES NO
- Is the work of you and your employees conducted in a private place on a password-protected home WiFi network? YES NO
- Are your employees logging off from the network after hours? YES NO

WORK HEALTH & SAFETY

- Have you provided your employees with hardware, software and furniture to ensure they can complete their tasks as if they were in the office? YES NO
- Is the path to the emergency exit for you or your employees direct, wide and free from obstructions? YES NO
- Do you or your employees have sufficient home security to prevent unauthorised entry by intruders? YES NO
- Can all work be performed independently and remotely by you or your employees? YES NO
- Do you or your employees have access to first aid supplies? YES NO
- Is a working smoke detector installed in your or your employees workspace? YES NO
- Have your employees health issues or special needs been detailed and accommodated to (this includes new or pre-existing injuries, illnesses or diseases that are accelerated or deteriorated by the working requirements - especially in a remote setting)? YES NO
- Are any stairs required to get to the workspace fitted with a continuous handrail? YES NO
- Is all electrical equipment free from evident damage? YES NO
- Is any required lifting, pushing or carrying within the physical limits of you or your employees? YES NO

SOCIAL & MENTAL HEALTH

- Have you established online communication tools and regular meeting times with your employees? YES NO
- Are you contacting your employees at least once per day for a face to face online conversation? YES NO
- Are you maintaining regular communication with your employees, whether they are directly or indirectly impacted by the virus? YES NO
- Have you encouraged your employees to dress comfortably and not to stay in pajamas? YES NO
- Are long periods of work broken up with a change of task, stretching, fresh air or short breaks? YES NO
- Have you appointed a contact person that your employees can communicate with regarding any concerns? YES NO
- Have you established boundaries within work hours for you or your employees (e.g. social media and phone usage, or interactions with partner, family and housemates)? YES NO
- Have you identified potential distractions to you or your employees and implemented strategies to minimise them? YES NO

TO ARRANGE A QUOTE, SIMPLY CONTACT US:

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