Instructions

This checklist provides employees (including internal employees and Field Team Members (FTMs), and their manager/WorkPac representative with a record of the agreed flexible working arrangement, guidance, and measures on meeting work health and safety obligations when managing hazards that may arise while working from home.

This form is to be completed by the employee undertaking work tasks within their designated home/residential work area in accordance with the *Flexible* *Working Arrangement Procedure*. The employee shall complete this formand the manager/WorkPac representative must authorise and forward to the relevant Safety and Risk Management team member for review. Once the review is completed, it must be saved to the FTM’s Chilli Max file orforwarded to Internal Staff Changes for recording on the employee’s file.

|  |  |
| --- | --- |
| **Personal Information** | |
| **Employee Full Name & Contact Number:** |  |
| **Manager or WorkPac Representative Full Name:** |  |
| **Residential Address:**  (where work from home is to be performed) |  |
| **Emergency Contact Details:** |  |

|  |  |
| --- | --- |
| **Agreed Flexible Working Arrangement** (Working at Home) | |
| **Duration of Agreement:** |  |
| **Schedule - Working from Home Day**  (Select all that apply) | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |
| **Work Hours:** | From       to |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Area and Environment** (Please tick Yes or No. If No, please provide details in the comments section) | | | | | | | | | |
| **Designated Work Area and Accessways (including stairs, floors and entrances)** | | | | | | | | | |
| Kept clean and clear of trip hazards especially clutter, spills, leads/cords, loose floor mats? | | | | | **Yes** | | | **No** | |
| Flooring is in good condition? | | | | | **Yes** | | | **No** | |
| **Environmental Conditions** | | | | | | | | | |
| Lighting is sufficient for the task being performed (i.e. it is easy to see and comfortable on the eyes)? | | | | | **Yes** | | | **No** | |
| Glare and reflections on monitors can be controlled (i.e. adjust curtains/blinds, use of anti-glare sleeves)? | | | | | **Yes** | | | **No** | |
| Ventilation and room temperature can be controlled (i.e. air conditioning or ceiling fans, open windows or close, heating)? | | | | | **Yes** | | | **No** | |
| No excessive noise affecting the work area (i.e. noise that is consistently loud and distracting)? | | | | | **Yes** | | | **No** | |
| **Emergency Exit and Safety Equipment** | | | | | | | | | |
| Emergency phone numbers are readily accessible? | | | | | **Yes** | | **No** | | |
| There is a safe exit available and an alternative exit in event of evacuation? | | | | | **Yes** | | **No** | | |
| The safe exits are kept free of obstructions and trip hazards? | | | | | **Yes** | | **No** | | |
| There is a first aid kit readily available? | | | | | **Yes** | | **No** | | |
| There is a fire extinguisher or fire blanket available? | | | | | **Yes** | | **No** | | |
| A smoke detector is installed and maintained? | | | | | **Yes** | | **No** | | |
| **Electrical** | | | | | | | | | |
| Do a visual inspection of all electrical equipment, ensure there are no nicks, exposed wires, or other visible damage to electrical cabling and equipment? | | | | | **Yes** | | **No** | | |
| There is a safety switch installed at the residence? | | | | | **Yes** | | **No** | | |
| Power outlets are not piggy backed or overloaded? | | | | | **Yes** | | **No** | | |
| **Workstation Setup - Chair** | | | | | | | | | |
| Seat can be adjusted for height, back and lumbar support (so curve of lower back fits in chair) adjusted for preferred sitting height at desk or table? | | | | | **Yes** | | **No** | | |
| If chair has armrests, they are adjustable to allow the chair to sit close to the desk or table or be removed? | | | | | **Yes** | | **No** | | |
| **Workstation Setup - Desk or Table** | | | | | | | | | |
| Desk or table height allows worker to sit upright with the surface at elbow height (with arms close to side)? | | | | | **Yes** | | **No** | | |
| There is sufficient depth to position monitor(s) for visual comfort (as a guide at arm’s length from seated position)? | | | | | **Yes** | | **No** | | |
| There is enough leg space under the workstation that feet can be flat on the ground (or on a suitable footrest if required)? | | | | | **Yes** | | **No** | | |
| The most frequently used items on the desk (i.e. phone, note pad, pen) are within easy reach? | | | | | **Yes** | | **No** | | |
| **Monitors** | | | | | | | | | |
| Monitors are positioned directly and symmetrically in front to avoid twisting of neck and spine? | | | | | **Yes** | | **No** | | |
| Monitor height is adjustable to accommodate height and visual needs? | | | | | **Yes** | | **No** | | |
| Monitors positioned to avoid glare? | | | | | **Yes** | | **No** | | |
| **Keyboard and Mouse** | | | | | | | | | |
| Keyboard and mouse are on the same level? | | | | | **Yes** | | **No** | | |
| There is approximately 10-15cm between keyboard and edge of desk for forearm support? | | | | | **Yes** | | **No** | | |
| Keyboard is directly and symmetrically in front of the employee? | | | | | **Yes** | | **No** | | |
| Mouse is positioned directly next to keyboard? | | | | | **Yes** | | **No** | | |
| **Provision of Workplace Health and Safety Information** | | | | | | | | | |
| Provided with the *Working from Home Policy and Procedure*? | | | | | **Yes** | | **No** | | |
| Provided with information on how to report incidents (Refer to *WorkPac Incident Reporting and Investigation Procedure*)? | | | | | **Yes** | | **No** | | |
| Comments: | | | | | | | | | |
|  | | | | | | | | | |
| **Photographs** (Attach photographs of the work area as evidence of a safe working environment and equipment) | | | | | | | | | |
| **Photograph 1 - Chair** | | **Photograph 2 -Workstation** | | **Photograph 3 - Work Area** | | | | | |
|  | |  | |  | | | | |
| **Instructions:** To add photographs, click on the image on the centre of the box above and follow the prompts | | | | | | | | | |
|  | | | | | | | | | |
| **Safety and Risk Management Team Review**  Additional comments and actions required to address identified issues | | | | | | | | | |
| Comments: | | | | | | | | | |
| The work environment and workstation set up is suitable? Yes No | | | | | | | | | |
| Reviewed by: | | | | | | | | | |
|  | | | | | | | | | |
| **Flexible Working Agreement Approval and Declaration** | | | | | | | | | |
| The information in this assessment and photographs provided are true and correct | | | | | | | | | |
| **Employee Signature:** |  | | **Date:** | | | /  / | | | |
| **Manager or WorkPac Representative Signature:** |  | | **Date:** | | | /  / | | | |
| **Flexible Working Agreement approved** (Manager or WorkPac Representative to Complete) | | | **Review Date:** | | | /  / | | | |