



## WORKING FROM HOME SCHEDULE

Staff Details	
Staff name:	
Position:	
Home office address:	
Home office phone (landline & mobile):	
Email:	
Days at home-based work site:	
Working hours while at home-based work site:	
Days at CLCs Australia (if any):	
Commencement date:	
End date:	
Is there a difference between hours working from home vs normal hours?	
<b>Details of work to be performed at home based work site:</b> <ul style="list-style-type: none"><li>Please link to your quarterly workplan here or other relevant documents</li></ul>	
Asset/equipment list attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working From Home Self Assessment Checklist attached::	Yes <input type="checkbox"/> No <input type="checkbox"/>



## WORKING FROM HOME SELF ASSESSMENT CHECKLIST

This checklist is to be completed by staff members intending to work from home. This checklist should be completed by the staff member applying to work from home and should be reviewed by the supervisor prior to the staff member commencing a working from home arrangement to determine if the home work area is appropriate and or if any equipment or furniture is required.

### Staff Details

Staff name:	
Phone:	
Email:	

### Supervisor Details

Supervisor name:	
Service:	
Phone:	
Email:	

### Checklist

#### Chair

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
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

#### Workstation/ Desk

Desk is large enough for the completion of mixed tasks (computer and reading/writing) <i>(Australian Standard 4442:1997 advises this should be at least 1600mm x 800mm)</i>	<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

### Monitor

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 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

### Keyboard and mouse

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

### 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

**DATE COMPLETED:**



### Actions or equipment required

List any actions or equipment (eg. document holder, monitor stand) or modifications (eg. workstation adjustments) required:

### Signatures

<b>Staff:</b>		<b>Date:</b>
<b>Supervisor:</b>		<b>Date:</b>

### Risk Management Review

**Date Received:**

**Comments:**