

Health & Safety Audit

For a Remote / Telecommuting Workplace

Please use this checklist to assess risks prior to commencing telecommuting arrangements (also called work from home, telework, or e-work).

Please address any unchecked items to minimize potential risks as is reasonably available. Contact your manager or supervisor for assistance where needed.

This checklist is intended for computer-based tasks.

1. Worker Details

Employee Name

Department

Telecommuting Address

Duration of Agreement

From: ___ / ___ / ___ To: ___ / ___ / ___

Schedule

Telecommuting Days: (indicate all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Schedule of Hours:

From: _____ To: _____

2. Telecommuting Equipment

Type of Equipment	Assigned?	Notes
Laptop / Table / Notebook		
Smartphone		
Laptop Riser / Stand		
External Monitor(s)		
External Keyboard		
External Mouse		
Briefcase or Backpack		
Printer		
Headset / headphones		
Other (filing cabinet, etc)		

(HR Note: Please remember to log each item in the Employee's Asset module in HR Partner for tracking purposes.)

3. Work Area and Environment

Designated work area and accessways

- Kept clean and clear of slip or trip hazards especially of clutter, spills, leads/cords, loose mats
- Flooring is in good condition

Environmental Conditions

- Lighting is sufficient for task being performed, easy to see and comfortable on the eyes
- Glare and reflections can be controlled
- Ventilation and room temperature can be controlled, regardless of season
- No excessive noise affecting the work area

Emergency Exit & Safety Equipment

- Emergency Phone Numbers are readily available
- There is an agreement to keep the route from the designated office space to a safe outdoor location clean and clear, in case of fire
- A suitable first aid kit is readily available
- A fire extinguisher or blanket able to be used to extinguish minor fires
- A smoke detector is installed and properly maintained as per guidelines

Electrical Considerations

- Carry out a visual inspection of all electrical equipment (no cuts or exposed wires or conductors, no visible damage to electrical cabling and equipment)

4. Workstation Setup

Chair

- Seat pan has a rounded front and the height can be adjusted for preferred sitting height to desk
- Chair has seat back that support the small of the back
- Seat back can be adjusted up and down and tilted
- Adequate and adjustable lumbar support (so the support fits well into the curve of the lower back)
- If used on smooth floors, chair does not roll away too quickly or easily
- If the chair has armrests, ensure they are adjustable to allow the chair to sit close to the desk

Desk

- Desk height allows employee to sit upright with the desk surface at elbow height (with arms close to side)
- Desk is a continuous flat surface
- There is sufficient depth to position monitor(s) for your visual comfort (as a guide at arms' length from your seated position)
- There is adequate leg space under the workstation and feet can be flat on the ground (or suitable footrest is provided)
- Most frequently used items on the desk (e.g. phone) are within reach

Monitor(s)

- Monitor(s) are positioned directly and symmetrically in front to avoid twisting of the neck and spine
- Monitor(s) height is adjustable to accommodate height and visual needs
- Monitor(s) positioned to avoid glare

A Laptop/Tablet/Notebook is not recommended for prolonged periods. Consider:

- A riser or stand for an external monitor
- An external mouse and keyboard

Keyboard & Mouse

- Keyboard and mouse are on the same level
- There is space between keyboard and edge of the desk or forearm support
- Keyboard is directly and symmetrically in front of the employee
- Mouse is positioned directly next to the keyboard

5. Employee Considerations & Corrections

Has this audit covered all problem areas? Has the Employee experienced any discomfort or other symptoms which they attribute to the Telecommuting environment?

Please list any corrective actions that may need to be taken:

6. Provision of Information

- Employee was provided with a copy of the Health & Safety for a Telecommuting Workplace Policy
- Employee understands to contact Human Resources to report discomfort, hazards, injuries, accidents, or any other issue

7. Telecommuting Agreement Approval

- The information in this checklist is true and correct.

Manager Name

Manager Signature

Date

Employee Name

Employee Signature

Date