

WORKING FROM HOME AND OUTSIDE ENVIRONMENT CHECKLIST

Address:	Inspected By:	Date:
-----------------	----------------------	--------------

Checklist	Compliance	Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
General				
1.	Has a communication process been established for organizational and team activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.	Are clean and safe amenities, clean drinking water, hand washing facilities, eating facilities, etc., available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.	Is your security system and the security of your information maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.	Is the design and accessways (including stairs and clearances) safe and clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.	Is the lighting for the tasks being performed and is it easy to see and comfortable on the eyes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6.	Are glare and reflections controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
7.	Is ventilation and room temperature controlled, regardless of the outside temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8.	If outside, is there adequate shade and shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
9.	Is there adequate personal protective equipment (PPE) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		



SAMPLE

ORDER NOW AND GET FULL ACCESS

Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
10.	There is not excessive noise affecting the work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
11.	Are emergency phone numbers readily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
12.	In case of fire or a need to evacuate, is there a clear route from the designated office space to a safe outdoor location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
13.	Is a suitable first aid kit readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
14.	Is there a fire extinguisher or blanket available to extinguish a fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
15.	Is there a safety sign and an emergency exit maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
16.	Has a visual inspection of electrical conductors been conducted?						
17.	Are safety switches installed or residual current devices (RCD's) used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
18.	Power outlets are not overloaded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Ergonomic Principles							
19.	Is your chair height adjusted so that feet are comfortably flat on the floor, thighs are parallel to the floor and lower legs approximately vertical? Note that a footrest may be required for some people.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

ORDER NOW AND GET FULL ACCESS