Telecommuting workplace health and safety checklist

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

Address any unchecked tick boxes to minimise potential risks as reasonably practicable.

This checklist is intended for computer-based tasks. For more detailed information, please refer to the ergonomic guide to computer-based work.

1. Worker details

Employee name

Work unit

Telecommuting address

Duration of agreement (DD/MM/YYYY)

From _____   To _____

Schedule
Telecommuting days (indicate all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Spread of hours

From _____   To _____

2. Telecommuting equipment (As relevant)

Type of equipment	Details	Asset number
Laptop/tablet/notebook		
Smartphone		
Laptop riser/stand		
External monitor/s		
External keyboard		
External mouse		
Carry bag or backpack		
Other (e.g. headset, printer, lockable filing cabinet)		

3. Work area and environment

3.1 Designated work area and accessways (including stairs, floors and entrances)

Kept clean and clear of slip or trip hazards especially of clutter, spills, leads/cords, loose mats

Flooring is in good condition

3.2 Environmental conditions

Lighting is sufficient for the 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

3.3 Emergency exit and safety equipment

Emergency phone numbers are readily accessible

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 readily available

A fire extinguisher or blanket is able to be used to extinguish minor fires

A smoke detector is installed and properly maintained as per guidelines

3.4 Electrical

Carry out a visual inspection of all electrical equipment. (No cuts, nicks, exposed conductors or visible damage to electrical cabling and equipment)

Safety switch is installed, or residual current device is used

There is an agreement to perform a push button test of all safety switches initially and every 3 months

Power outlets are not overloaded

4. Workstation setup (Hint: first step, adjust chair to suit you when at your fixed desk then set up desk top equipment)

4.1 Chair

Seat pan has a rounded front and the height can be adjusted for preferred sitting height to desk

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

4.2 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

4.3 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

4.4 A laptop/notebook/tablet is not recommended for prolonged use, consider:

A riser/stand or external monitor,

An external mouse and keyboard

4.5 Keyboard/mouse

Keyboard and mouse are on the same level

There is about 10-15cm between keyboard and edge of desk (for forearm support)

Keyboard is directly and symmetrically in front of the employee

Mouse is positioned directly next to keyboard

5. Provision of information

Provided with information covering the risks and controls associated with computer-based work. and mouse are on the same level

Provided with information on how to report discomfort, hazards, injuries or incidents

6. Communication

How employees will maintain contact with the work team, clients and other work contacts?
How will employees be kept informed of organisational and work team activities, updates, training and opportunities?

7. Workload/work activities

How will telecommuting workload be decided? (e.g. activities, timeframes, expectations and work schedule)
How will the telecommuting arrangement be reviewed? (e.g. regular meetings, reports, review diary and work outcomes, managing work boundaries)

8. Other

How will cyber and physical security of work-related material be maintained?
How will information technology support be provided?
Are there any other relevant needs or issues for your health, safety and wellbeing when working from home?

9. Photographs

Attach photographs of the following:

8.1 When in seated position (and if applicable, also when at standing desk) from the back and side view

Back - seated	Side - seated	Back - standing	Side - standing

8.2 The work area

To add images, click on the grey boxes and then click browse.

10. Agreed actions to address identified issues

11. Telecommuting agreement approval and declaration

The information in this checklist and photographs provided is true and correct (please tick)	Employee signature	Date
Manager name	Manager signature	Date
Delegate approval name	Delegate signature	Date

Review date

For more information, visit or call   🌐 worksafe.qld.gov.au   📞 1300 362 128