

# Home Office Inspection Checklist



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

CREATE CHANGE

## Worker details

<b>Name</b>			
<b>Proposed Telecommuting Schedule</b>	Number of weeks:	Number of days/week:	Number of hours/day:
<b>Workstation Address/Location</b>			
<b>Assessment Date</b>			
<b>WHSC</b>			
<b>Supervisor</b>			

### Notes:

\* Photographs of the **worker using their home office workstation** should accompany this checklist.

√ - Home office workstation complies with requirement.

Blank check box (no check mark) - home office workstation does not meet requirement or unsure.

Workstation environment	✓
Floor space There is adequate floor space to facilitate safe use of workstation.	
Lighting Lighting levels adequate for tasks, absence of glare	
Noise levels acceptable Absence of distracting noise, workstation separated from any loud equipment or appliances, noise levels minimised as much as possible	
Adequate ventilation and comfortable thermal environment Temperature, humidity	
Electrical safety <ul style="list-style-type: none"> <li>○ Safety switch installed and/or RCD protection</li> <li>○ Electrical equipment in good condition; No frayed cords</li> <li>○ No double adaptors or piggyback extension leads; Individual switches on power boards</li> </ul> Adequate electrical equipment ventilation	
Floors / Slips / Trips <ul style="list-style-type: none"> <li>○ Floor surface appropriate, non-slip</li> <li>○ Slow rolling castors for seating on tiled, timber or vinyl floor surfaces</li> </ul> Ensure rugs and cables don't pose a tripping hazard	
Storage <ul style="list-style-type: none"> <li>○ Ensure storage shelves or filing cabinets are not overloaded, and/or anchored when necessary</li> </ul> Store heaviest items on low shelves or drawers	
Emergency <ul style="list-style-type: none"> <li>○ Emergency phone numbers located near phone</li> <li>○ Suitable first aid supplies</li> </ul> Fire protection equipment / Smoke alarm installed	
Adequate rest breaks and postural variation every 30 minutes Change posture regularly by stretching, standing, walking and gently mobilising your body	
Children <ul style="list-style-type: none"> <li>○ Childcare tasks (such as feeding, nappy changing) should not be performed in the designated workplace area. Where ever possible children should be located in an area beyond the immediate workplace.</li> </ul> Control potential risks such as heavy objects falling from the desk top (e.g. a child pulling a computer screen downward), sharps (scissors, staplers), electrical hazards (power points, metal objects, water).	

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<b>Workstation Desk</b>		✓
Suitable desk <ul style="list-style-type: none"> <li>Recommended minimum desk size: 1200mm length x 700mm depth</li> <li>Recommended desk surface thickness &lt;33mm</li> <li>Recommended seated desk height: between 690-720mm</li> </ul>		
For a seated workstation, ensure feet are flat on the floor (or on a foot rest) and that worker can use keyboard with forearms at right angles, and comfortably supported on the desk		
For a standing workstation, ensure appropriate height/design for worker		
<b>Chair</b>		✓
Chair adjustable, comfortable, in good condition, with a stable 5 star castor base		
Seat height and backrest adjustable. Seat height able to be adjusted to align forearms to desk height. Lumbar support positioned at lumbar level, and backrest able to adjust to a comfortable angle to provide effective postural support for user		
Chair able to be positioned close enough to the desk to obtain comfortable forearm support on the desk, and effective back support from the chair e.g. ensure chair armrests (if present) do not inhibit positioning		
<b>Computer/monitor(s)</b>		✓
Monitor/s able to be positioned and adjusted (e.g. height, angle, location and brightness/contrast settings) to ensure comfortable, sharp, clear and glare free viewing		
<b>Computer Workstation: Design &amp; Adjustment</b>		✓
Apply the <a href="#">Computer Workstation Self-assessment Tool</a> to the home office workstation to minimise risk of musculoskeletal disorders.		
<b>Corrective Actions Required / Additional Comments / Other Considerations</b>		
Completed by:	Worker name and signature:	Date:
Reviewed by:	WHSC name and signature:	Date:
	Supervisor name and signature:	Date:

## References:

- PPL 5.55.11 Telecommuting  
<https://ppl.app.uq.edu.au/content/5.55.11-telecommuting>
- PPL 2.50.03 Computer Workstations  
<https://ppl.app.uq.edu.au/content/2.50-ergonomics-and-manual-tasks>

Please send this completed form to your local WHSC

**Contact for more information**

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Health, Safety and Wellness Division

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