

Coronavirus COVID-19 Home Office Self-Assessment Checklist

Inspection		
Personal Health & Hygiene		
Do you have any flu symptoms such as headaches, running nose, sore throat, cough or fever?	Yes	No
Has anyone in your home travelled overseas in the past two weeks?	Yes	No
Do you have hand sanitizer and face masks on hand?	Yes	No

Workspace				
How would you describe your home office	Dedicated Office Space	Desk / table in a shared room	Work from Bed	Other
During the work day, are you likely to be distracted by others in the home?	Not at all	Sometimes, but not often	Frequently	Unsure
Take some photos of your work area				Attach photos
Is there anything that can be done to improve your working from home environment?				Yes No

Workstation		
Do you have a desk or table to work from?	Yes	No
Is your chair set up correctly? Is your lower back supported and are your feet flat on the floor?	Yes	No
Do you have enough surface space on your desk to work comfortably?	Yes	No
Are your keyboard and mouse clean and within easy reach, without having to stretch?	Yes	No
Can you easily reach everything that you need without twisting and straining your upper body?	Yes	No

Display Screen		
Is your display screen clean and positioned so there is no glare from a window or light?	Yes	No
Is your display screen level with your eyes so it doesn't cause discomfort to your neck or head?	Yes	No

Fire & Electrical Supply		
Do you have an emergency assembly point outside of your home in place in case of fire?	Yes	No
Are your smoke detectors working and checked regularly, e.g. every month?	Yes	No
Do you regularly dispose of waste, including papers, to prevent a build-up of fire 'fuel'?	Yes	No
Have you checked electrical equipment for spark, signs of damage or deterioration?	Yes	No
Do you switch off equipment when not in use?	Yes	No

Stress & Welfare		
Do you sit with a good posture and not hunched over the desk?	Yes	No
Are you able to carry out regular stretches at your desk to avoid stiff or sore muscles?	Yes	No
Do you have easy access to first aid equipment if required?	Yes	No
Do you have a window or long distance view to look at every 15 minutes to give your short sighted muscles a rest?	Yes	No

Slips, trips & fall hazards		
Are floor coverings, such as carpets and rugs, secure?	Yes	No
Are walkways and corridors clear of trip hazards?	Yes	No
Is the floor area around your desk clear of boxes, papers and wires?	Yes	No

Lone Working		
Do you know the name and number of a manager or supervisor who you can get in touch with easily?	Yes	No
Do you have a system for regularly 'checking in' with your employer if you are not visibly online each day?	Yes	No
Is your home kept secure whilst you're working there?	Yes	No
Are important files and laptops kept locked away securely when not in use?	Yes	No

I declare that this assessment is accurate to the best of my knowledge.

Employee Name (printed):

Employee Signature:

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.