

## Working from Home Safety Checklist

Name:			Date:	
Home Address:				
	Y/N	Notes	Fixed	Date
Workstation ergonomically set up				
Shelving and racks secured				
Trip hazards have been cleared (cables, mats, clutter)				
Lighting is adequate (avoiding eye strain)				
Glare and reflection is controlled				
Space is well ventilated and room temperature can be controlled				
No excessive noise in the area				
Power outlets and multi boards not overloaded				
Cords in good condition				
Access to communication (phone, email, video)				
Regular communication channels set up to periodically check in with management or other members of the team				
Emergency procedures in place and relevant emergency equipment available (first aid kit, fire extinguisher, smoke alarms)				
Additional hazards:				

**Assessed by:**

**Signature:**