

# Remote Working Self Assessment Checklist

This checklist is to assess and certify that remote work sites conform to acceptable workplace health and safety standards, is kept in a clean, professional and safe condition, and has suitable first aid facilities.

Searson Buck Employees must read and agree to the below in conjunction with the relevant procedure. See your consultant for further information.

Any changes to the conditions described in this checklist must be reported to your manager.

Name of staff member	
Address of remote based work site	
Brief description of workspace in the remote work site	

## COMPUTER ERGONOMICS

Sitting with proper posture, along with periodic breaks to stretch and walk, will help promote physical well-being.

**BODY POSITIONING**

**HEAD**  
level, balanced, generally in line with torso  
eyes 20-30" to middle of screen

**UPPER BODY**  
shoulders relaxed, upper arms loose,  
elbows close to body, bent 90-120 degrees

**LOWER BODY**  
lumbar spine protected (sitting, leaning back)  
hips balanced, supported on padded cushion

**LEGS**  
thighs supported, generally parallel to floor  
knees loose, bent 90-110 degrees

**FEET**  
flat on floor or footrest, slightly in front  
of knees



**HAND AND WRISTS POSITIONING**

**HANDS, WRISTS AND FOREARMS**  
straight, in-line and roughly parallel to the floor



**KEYBOARD POSITIONING**

**KEYBOARD AND MOUSE**  
keyboard directly in front of you and pointer/mouse  
close to keyboard; avoid reaching for either.  
Use document holder if necessary.



Source: Occupational Safety and Health Administration, [www.osha.gov](http://www.osha.gov)  
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## Chair & Desk

→ Does the chair meet ergonomic requirements? (see image above) <ul style="list-style-type: none"> <li>○ Adjustable from a seated position?</li> <li>○ Provides adequate back support</li> <li>○ Solid &amp; stable</li> <li>○ Allows worker to get sufficiently close to the desk / work area</li> <li>○ Long enough to provide support beneath thighs</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is the backrest adjusted so that the small of your back is adequately supported, and you're sitting upright whilst typing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are your forearms parallel to the floor or angled slightly downward (90° – 110°) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are your thighs parallel to the floor with your feet resting on the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is lighting at the desk adequate and not creating glare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are all often used items within easy reach? <i>Within normal arm reach with minimum trunk movement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is the workstation designed to prevent undue twisting of the neck or trunk?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Keyboard and monitor

→ Is the laptop or monitor set up so that you're looking at the top third of the screen? <i>If you are using your laptop regularly, you should have a separate keyboard / mouse so that you can set the laptop screen up at the correct height.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ If you have two screens, are you sitting directly in front of the main screen? <i>They should be at the same height.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is the screen at a comfortable reading distance? <i>Arms' length or wherever you can get the best focus.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Keyboard positioning allows forearms to be horizontal and wrists straight	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Mouse is positioned directly next to the keyboard, and on the same level	<input type="checkbox"/> Yes <input type="checkbox"/> No

## General environment

→ Are walkways and floor surfaces clear of trip hazards? (eg mats, cords, carpet edges, boxes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are floor coverings safe and non-slip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are there appropriate handrails / non-slip surfaces on any stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is there adequate ventilation and temperature control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency

→ Is there a working smoke detector within hearing distance of the workspace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is a first aid kit / appropriate first aid items available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is access to emergency exits clear and unimpeded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Is the area separate from other hazards at the remote workplace? (eg, hot surfaces in the kitchen area, dust and noise, height and fall hazards)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## Electrical hazards

→ Are electrical appliances, cords, powerboards and sockets in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are plugs, sockets, powerboards leads & switches free from damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are room heaters placed away from combustibles? ( <i>curtains, rubbish, papers</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Equipment

→ Do you have all necessary equipment to undertake assigned tasks? <i>Where you have been provided with equipment, <b>please note below</b>, and return the equipment at the cessation of the assignment / requirement to work remotely.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Communication

→ Have communication strategies been identified to ensure regular contact between worker and manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Have you provided an alternative contact method to your manager? Please select suitable options: <input type="checkbox"/> Alternative Phone number: <input type="checkbox"/> Skype <input type="checkbox"/> FaceTime <input type="checkbox"/> Teams <input type="checkbox"/> Other:	
→ Have you provided details for an emergency contact person to your manager? <b>If not, please note below:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Other

→ Is the work site secure against unauthorised entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are you able to take regular breaks and rotate tasks to control the risks associated with repetitive movement / sustained posture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Are you aware of the incident reporting process should an incident or hazard be identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
→ Have you notified your employer of any health or medical conditions which may impact your ability to work remotely safely? <b>If not, please note below:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

- ✓ I certify all information contained in this form is true and complete to the best of my knowledge.
- ✓ I authorise Searson Buck to inspect any remote / home based work site provided I am given 24 hours notice of the inspection.
- ✓ A photo of the designated work site must be provided.

*Please note this checklist is a guide only, and follows generally known ergonomic guidelines. If you have a medical condition which impacts on your workstation set up, or other health conditions which need to be taken into account then you should seek medical advice.*

Staff Member name:.....

Signature: .....

Date: .....