

Work from Home Safety Checklist

Workplace Safety and Health is a shared responsibility.

The Employee

- follows safe work practices and promptly brings safety and health issues to the attention of their Direct Manager or Supervisor, and forwards to their employer Workplace Safety and Health any issues not resolved within a reasonable time.
- reviews the checklist, applicable links and resources for consideration in identifying risks they may face.
- completes all parts of the checklist, and accepts responsibility for taking reasonable steps to address the items listed on this checklist, including any deficiencies.
- retains a copy of the checklist and provides the completed checklist to their Direct Manager.

The Employer

- ensures appropriate safe workplace considerations and procedures are in place, including safe office work training (i.e., ergonomics training) as linked to in this document.

The Manager

- acts responsively to emerging safety and health concerns brought to their attention.
- reviews, discusses and monitors the completed checklist with the employee, and ensures deficiencies are addressed.
- signs and retains a file copy of the checklist, including a copy to the employee file via the payroll department and a copy to the local Human Resources department.

Ergonomics	Yes	No	Action Required/Comment
Have you read in full and understood the information contained at the following links and agree to apply the information to eliminate potential ergonomic hazards and injuries? Setting up your Workstation bulletin Working from Home – Tips for Ergonomics and Overall Well-being			
Can you confirm you are aware of the following workstation bulletin and office exercises resources to assist you in preventing injury?			
Have you completed the Office Ergonomics e-learning course ? Can you understand how to apply basic ergonomic principles to your remote workspace, recognize the early signs of and the factors responsible for discomfort that can arise, and assess, control and help prevent ergonomic problems and injuries?			
Is the workspace set-up based on ergonomic principles: the desk, chair, computer monitor and keyboard are at appropriate heights (for example, are your head and wrists in neutral positions)?			
Office Furnishings	Yes	No	Action Required/Comment
Is the furniture being used for work purposes in good condition, good working order and adjusted accordingly to maintain proper ergonomics?			
Are all materials, cabinets and other furnishings properly secured?			
Electrical	Yes	No	Action Required/Comment
Is all electrical equipment, including power bars and cords, CSA approved and in good working condition?			
Does the workstation have grounded electrical outlets?			
Are power bar surge protectors plugged in to the wall socket, and are electrical outlets not overloaded?			
Are phone lines, charging cables, internet cables and electrical cords properly placed or secured to avoid tripping hazards?			
Tripping and Falling Hazards	Yes	No	Action Required/Comment
Is there enough room to ensure a clear and unobstructed passage to and from the remote workspace? If there are steps, are they equipped with handrails?			
Is the space neat, clean and free of hazardous material?			
Is the floor surface clean, dry, level and free of worn or frayed seams?			
Are carpets well secured to the floor and free of frayed or worn seams? If carpet, is it a low pile carpet and/or floor mat to reduce rolling resistance of office chair?			

Environmental	Yes	No	Action Required/Comment
Are there known biological or chemical hazards in the direct workspace (i.e., where your office desk is located), such as radon, bleach, drain cleaner?			
Are lighting levels adequate to perform the required work tasks? Lighting should be evenly distributed throughout the workstation and should not create glare or shadows. Monitor/laptop should be set up at right angle to windows and/or blinds in place to reduce glare.			
Is there excessive noise or other distractions that would interfere with communication or concentration?			
Is the temperature and humidity in the workspace in the range for comfort?			
Potential of Violence	Yes	No	Action Required/Comment
Do you have anything in your remote work environment that could be a threat to your safety?			
Do you have adequate procedures, emergency contacts and/or a plan to address these issues if they emerge?			
Fire Protection	Yes	No	Action Required/Comment
Is there an adequate number of smoke alarms/detectors, and are they in good working order?			
Is there a portable fire extinguisher and do you know how to operate it properly?			
If a portable fire extinguisher is not available will you purchase one?			
Do you have an evacuation route in place in the event of a fire or emergency?			
Mental Health	Yes	No	Action Required/Comment
Are there distractions or competing priorities in the workspace that can affect your ability to work?			
Are you aware of the resources and where to access them? The Employee and Assistance Program Mental Health and Wellness Resources for staff Family Violence Prevention Program			
Work Alone Protection	Yes	No	Action Required/Comment
Have you and your manager discussed your availability to respond to health and safety check-ins (e.g., working alone call-in procedures, regular calls, texts, emails, based on the risks involved)? If not, initiate that conversation.			
Is a first aid kit accessible in the workspace?			
Are emergency contact numbers accessible in the workspace?			
Have you updated your emergency contact information with your supervisor and HRSS?			
Other	Yes	No	Action Required/Comment
Will you report a workplace injury to your Direct Manager/Supervisor?			
Have you reviewed the employer's document storage and disposal, confidentiality, FIPPA, PHIA and other privacy policies?			
Have you obtained a Shared Health supported laptop & monitor, keyboard or smartphone?			
Have you obtained access rights to connect remotely to the Shared Health computer network?			
Do you have internet or Wi-Fi coverage (2 Mbps upload and 2Mbps download) suitable to carry out all job duties and use employer supported technology and applications?			
Do you have appropriate supervision and support for any dependents in your home for while you are working?			
Have you reviewed the Remote Access User Guide , Remote Access Service Description and connection link for Remote Access ?			

Employee

I, _____ (employee name) confirm that I have completed the checklist of my remote workplace and declare that I understand, agree to, am taking, and will continue to take reasonable steps to address the items listed on this checklist. Date: _____

Direct Manager

I, _____ (manager name) confirm I have reviewed and discussed the checklist with the employee who agrees that the remote work site is adequately equipped from a health and safety perspective. Date: _____

It is the manager's responsibility to submit the completed safety checklist along with other required program documentation to their payroll department for placement in the employee file and provide a copy to the employee, employee's supervisor and the local Human Resources department.

Notes: