## Remote Workspace – Self-Assessment Checklist

This checklist is provided to assist employees in conducting a readiness assessment on their remote or home workspace as a pre-requisite for remote working arrangements. This assessment MUST be completed prior to the commencement of the remote working arrangement, and it forms part of the Remote Working Assessment. Once completed, this checklist must be forwarded to the employee’s direct supervisor.

**Date:** Click or tap to enter a date.

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| **Employee and Supervisor/Manager Details** | |
| Employee First Name:  Click or tap here to enter text. | Employee Last Name:  Click or tap here to enter text. |
| Manager First Name:  Click or tap here to enter text. | Manager Last Name:  Click or tap here to enter text. |
| Division:  Click or tap here to enter text. | Department:  Click or tap here to enter text. |
| Remote or Home Location Address:  Click or tap here to enter text. | |
| Brief Description of Work:  Click or tap here to enter text. | |

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| **WorkplaceConditions** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Designated workspace |  |  |  |
| Area is tidy and free of clutter and slip, trip and fall hazards |  |  |  |
| Shelving and cabinets are securely braced |  |  |  |
| No sharp edges on desks and cabinets |  |  |  |
| Adequate number of electrical outlets (no overload risk) |  |  |  |
| Power cords in good condition |  |  |  |
| Power bars plugged directly into the wall |  |  |  |
| Electrical panel covered and readily accessible |  |  |  |
| Receptable plates in good condition |  |  |  |
| Exits are clear and unobstructed |  |  |  |
| Stairs (if applicable) are clear and unobstructed and have a handrail |  |  |  |
| **Fire Safety** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| A fire safety plan is known |  |  |  |
| Functioning carbon monoxide detector (tested regularly) and within a reasonable proximity to the workspace |  |  |  |
| Location is equipped with smoke detectors (tested regularly) and within a reasonable proximity to the workspace |  |  |  |

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| **Ergonomics** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| The workspace is well ventilated, temperature controlled, with adequate lighting and controlled noise levels |  |  |  |
| Keyboard, mouse and monitor (as applicable) are properly placed for optimal use |  |  |  |
| * The laptop/monitor is positioned so that the screen can be viewed without tilting your neck |  |  |  |
| * The keyboard and mouse are placed so that wrists are kept in a natural position |  |  |  |
| * The work surface is positioned 5 cm above elbow height for writing and reading paper documents |  |  |  |
| The chair meets ergonomic requirements and is in good repair. |  |  |  |

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| **Personal Safety** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| The workspace or home is free from any risk of violence, harassment, or danger |  |  |  |

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| **Other Hazards: Indicate any hazards and assess them** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Click or tap here to enter text. |  |  |  |
| Click or tap here to enter text. |  |  |  |

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| **Emergency Procedures** |
| Detail the steps you would take in case of an emergency:  Click or tap here to enter text. |
| Detail backup contact information- such as a secondary phone in case of an emergency:  Click or tap here to enter text. |

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| **Employee Attestation:** | |
| Employee Name (Print):  Click or tap here to enter text. | Employee Signature:  Click or tap here to enter text. |
| Date:  Click or tap to enter a date. | |

A copy of this Remote Workspace Self-Assessment Checklist, once completed and signed, will be retained by   
the supervisor and attached to the Remote Working Assessment Form in the employee’s personnel file.

Once the remote work arrangement starts this form will be submitted by the employee monthly as a part of an overall health and safety program.