

Working from Home Assessment Checklist – template

Instructions
This template checklist provides members with a basic assessment to undertake when employees work from home.
Additionally the checklist also contains an optional approach for dealing with company and employee assets and equipment that are being utilised during a period of working from home and any agreement between the member company and its employees.
The checklist is not exhaustive and we recommend members consider this template carefully as it contains content that may require customisation before implementation into your business.
On company letterhead/logo.
This assessment should be used in conjunction with an appropriately implemented Working from Home Policy. A template policy for members to use is available on the RMC website.

Background

This checklist is to be used by employees and the Company to determine the appropriateness of working from home arrangements with employees.

Prior to approval of any working from home arrangements, the employee must complete and sign this Assessment Checklist in relation to his/her proposed home office space.

The Company and employee should consult the company's "Working from Home Policy" for further guidance.

Job Design	
Are you able to undertake your duties and prioritise tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to access the Company's network?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to take appropriate breaks from their workstation? (<i>5 minutes every hour or similar</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are appropriate communication channels with manager and co-workers in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Workstation	
Is the floor space free from tripping hazards (cables, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is lighting adequate and appropriate for the tasks being performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are noise levels acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the room temperature comfortable – heating and cooling as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there adequate power outlets to run the computer and other equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the computer protected by a circuit breaker or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the desk appropriate for the duties being undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there adequate leg space to allow free movement under the desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are items used frequently within easy reach from the normal working position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If regular telephone work is required, is an appropriate headset available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Chair	
Is the chair fully adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the chair have a 5 star stability base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the chair have adequate lumbar support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your feet flat on the ground or footrest when using your chair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the fabric and padding on the chair adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer and other hardware	
Is the top edge of the monitor at the eye level of the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the centre of the computer screen approximately 400mm above the desk surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the computer monitor free from glare and reflections from lights, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the contrast and colour of the monitor be easily adjusted to be easy to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the angle or position of the monitor be easily changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the keyboard at a comfortable tilt angle or flattened for touch typing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the mouse directly beside the keyboard on your preferred side?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is appropriate internet connectivity available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are printers or other external hardware set up appropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Employee Comments

Upon completion of this Checklist, please discuss and address any concerns regarding your Home Office with your supervisor, manager or the human resources team.

Employee name	
Employee signature	
Date	

For manager:

Approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Conditional
Managers name			
Manager signature			
Date			

Additional Management Comments, Conditions

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Optional - Assets and Equipment List and Agreement

Additional instructions

The list below should detail the agreed details relating to Company assets and equipment and the employee's own assets and equipment for working from home.

The list should set out who is responsible for costs and maintenance of all assets and equipment.

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The Company and the employee agree to the following terms for the supply and use of assets, equipment, and related, for the working from home period.

The employee agrees to apply all due care and consideration with the use of any company asset, equipment, or related, and undertakes to contact their manager should any damage or malfunction related issue arise.

Equipment List

Employee supplied

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Company supplied

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Agreed terms for the supply of required consumables

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Agreed terms for telephone/mobile

Agreed terms for internet

Agreed terms for utilities

Other?

Employee name	
Employee signature	
Date	

For manager:

Managers name	
Manager signature	
Date	

This agreement will be next reviewed on: **[insert date and diarise]**