

E-work Risk Assessment Checklist

As of July 7, 2015

A risk assessment is a reasonable and practical process which evaluates risks to workers' safety and health from workplace hazards. A risk assessment is a systematic examination of all aspects of work in order to consider:

- What could cause injury or harm;
- Whether any unreasonable risk of injury due to hazards exists; and
- If so, what preventative or protective measures are, or should, be in place to mitigate any unreasonable risk of injury or harm.

This E-work Risk Assessment Checklist is designed to help employees and managers identify hazards in the home office or e-work location. The checklist is not intended to cover all the existing hazards in every workplace or location, but is intended to provide a list of common potential hazards that should be considered. It is essential that the checklist is used as a means to assist in the hazard/risk assessment process. It should not simply be used as a "tick the box" tool. The checklist should be completed by the employee requesting the e-work arrangement. If "no" is the answer to any of the statements, the manager and employee should discuss the matter and consider reasonable and practical means to eliminate or control the risk. If the manager is still concerned, he/she should discuss the issue with the Integrated Disability Manager in the Strategic Human Resource Management Division, or another member of this Division and if the risk cannot be mitigated to the satisfaction of the employer, the E-Work Arrangement under consideration shall not proceed.

A copy of the completed checklist should be retained on the employee's personnel file, along with the flexible work arrangement agreement.

Work Environment	Yes	No
Designated Work Area		
• A work area has been identified as large enough for the furniture and equipment deemed necessary to fit the task requirements of the job.	<input type="checkbox"/>	<input type="checkbox"/>
• The work floor is in good condition and free from slip and trip hazards.	<input type="checkbox"/>	<input type="checkbox"/>
• Sufficient and secure storage space is available for the work (files, etc).	<input type="checkbox"/>	<input type="checkbox"/>
• Smoke and carbon monoxide (if required) detectors are in place and properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>
• First Aid Kit is available.	<input type="checkbox"/>	<input type="checkbox"/>
• A telephone is in place and within easy reach from the seated position.	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Conditions		
• Lighting is sufficient for the tasks being performed.	<input type="checkbox"/>	<input type="checkbox"/>
• Glare and reflection can be controlled.	<input type="checkbox"/>	<input type="checkbox"/>
• Ventilation and room temperature can be controlled.	<input type="checkbox"/>	<input type="checkbox"/>
• There is no excessive noise affecting the work area.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Exit		
• Path to the exit is reasonably direct.	<input type="checkbox"/>	<input type="checkbox"/>

• Path to the exit is sufficiently wide and free of obstructions (both inside and outside of the workspace).	<input type="checkbox"/>	<input type="checkbox"/>
Security		
• Security is sufficient to prevent unauthorised entry.	<input type="checkbox"/>	<input type="checkbox"/>
• A communications procedure has been established to ensure regular contact between employee and manager.	<input type="checkbox"/>	<input type="checkbox"/>
• The work area can be secured independently.	<input type="checkbox"/>	<input type="checkbox"/>
Electrical		
• The fixed electrical components (outlets, switches, etc) are in good condition, for example there is no damage or signs of arching/scorching.	<input type="checkbox"/>	<input type="checkbox"/>
• Power outlets are not overloaded with double adapters and power boards.	<input type="checkbox"/>	<input type="checkbox"/>
• Circuit protection is in place for work related equipment, if required.	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical cords are safely routed or stowed.	<input type="checkbox"/>	<input type="checkbox"/>
• Electrical equipment free from any obvious external damage.	<input type="checkbox"/>	<input type="checkbox"/>

Workstation Set Up	Yes	No
Work Surface		
• The area of the work surface is large enough to accommodate all the required equipment and to fit the task requirements of the job.	<input type="checkbox"/>	<input type="checkbox"/>
• There is adequate space under the work space to allow comfortable forward facing posture and ability to get in and out of the workstation.	<input type="checkbox"/>	<input type="checkbox"/>
• A footrest is available, if needed.	<input type="checkbox"/>	<input type="checkbox"/>
• Necessary materials and items can be placed within easy reach from the seated position.	<input type="checkbox"/>	<input type="checkbox"/>
• Cables are routed in a manner free from clutter and stowed out of the way.	<input type="checkbox"/>	<input type="checkbox"/>
• There are no sharp contact points on the workstation or other equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Chair		
• The seat height, seat tilt, angle, and back rest are all adjustable.	<input type="checkbox"/>	<input type="checkbox"/>
• The chair moves freely.	<input type="checkbox"/>	<input type="checkbox"/>
• There is adequate lumbar support.	<input type="checkbox"/>	<input type="checkbox"/>
• The padding is adequate.	<input type="checkbox"/>	<input type="checkbox"/>
• The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor.	<input type="checkbox"/>	<input type="checkbox"/>
• The seat back is adjusted to support the lumbar curve of the low back.	<input type="checkbox"/>	<input type="checkbox"/>
• The seat pan tilt can be adjusted so that hips and tops of thighs are at right angles or slightly greater.	<input type="checkbox"/>	<input type="checkbox"/>
• The arm rests can be stowed whilst typing, but may provide support during other activities.	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard and Mouse		
• Keyboard to user distance allows user to relax shoulders with elbows close to the body.	<input type="checkbox"/>	<input type="checkbox"/>
• Keyboard position is stable.	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is placed directly next to the keyboard.	<input type="checkbox"/>	<input type="checkbox"/>
• Mouse is at same level as the keyboard.	<input type="checkbox"/>	<input type="checkbox"/>

Monitor		
• Monitor height is adjusted so top of the screen is at slightly lower height than eye level.	<input type="checkbox"/>	<input type="checkbox"/>
• The screen is positioned at approximately arm's length from seated position.	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor and keyboard are placed directly and symmetrically in front of user.	<input type="checkbox"/>	<input type="checkbox"/>
• Monitor is positioned to avoid glare, i.e. perpendicular to window or other strong light source or an anti-glare screen is used.	<input type="checkbox"/>	<input type="checkbox"/>

Other Factors	Yes	No
Other		
• A process is in place for the prompt reporting of incidents.	<input type="checkbox"/>	<input type="checkbox"/>
Individual Factors		
• Any dependent people, such as children, have care arrangements in place.	<input type="checkbox"/>	<input type="checkbox"/>
• The employee's fitness and health is suitable to the tasks to be undertaken.	<input type="checkbox"/>	<input type="checkbox"/>
• Any special needs to ensure health and safety have been communicated to the manager.	<input type="checkbox"/>	<input type="checkbox"/>

Approval (Please delete this section if not applicable)

Complete this section if the proposed home office or e-work location has been approved.

I have examined the proposed e-work location utilizing this checklist. The information I have provided is accurate and complete. I also agree to alert the employer if there is any change in circumstances that could create an unreasonable risk of injury or harm due to hazards that might arise subsequent to the signing of this checklist.

Employee's Name (Please print)	
Position	
Employee's Signature	
Date	

I have reviewed the information in this checklist and am satisfied with the information provided.

Manager's Name (Please print)	
Position	
Manager's Signature	
Department	
Date	

Denial (Please delete this section if not applicable)

Complete this section if the proposed home office or e-work location has been denied.

Authority to work from home cannot be granted.

I have examined the proposed e-work location utilizing this checklist. The information I have provided is accurate and complete. I know why the e-work location does not meet the requirements.

Employee's Name (Please print)	
Position	
Employee's Signature	
Date	

I have reviewed the information in this checklist and am satisfied with the information provided. I have explained to the employee why the e-work location does not meet the requirements.

Manager's Name (Please print)	
Position	
Manager's Signature	
Department	
Date	
Why does the location not meet the requirements	