

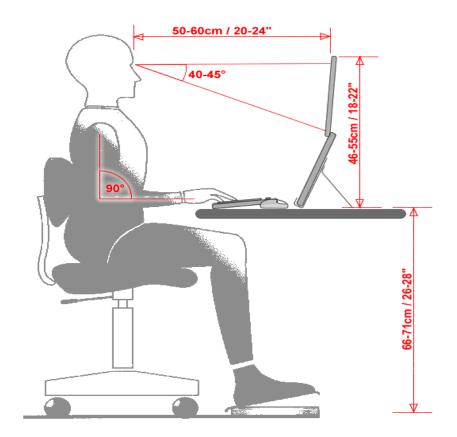
1. Introduction

This checklist and declaration are required where employees wish to work from home. Please ensure that you complete this form and provide to your direct manager, along with three images of your workstation (described below).

Prior to commencing below, please ensure that you have reviewed and read the DMIRS guide to setting up your workstation.

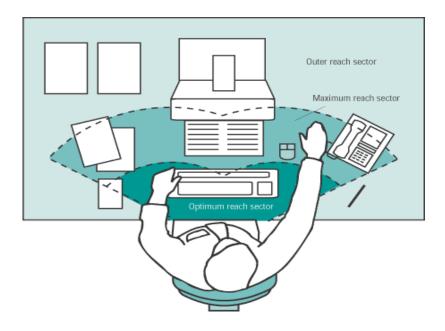
https://www.commerce.wa.gov.au/sites/default/files/atoms/files/guide_to_setting_up_your_workstation.pdf.

2. Correct Computer Set Up





3. Correct Work Surface Space



4. Risk Assessment

Please complete the checklist below accurately and to the best of your ability:

Physical Activity Required

I will not undertake repetitive actions for extended periods without appropriate breaks.

I will take regular breaks that involve stretching and changing of posture and undertaking alternative activities.

When I am at my workstation, my posture is comfortable and in accordance with the Ergonomic guidelines.

Any lifting, pushing, or carrying type task is well within my physical capacity.

Environment

I acknowledge that:

The level of lighting is suited to the activity. Note: lighting levels should be sufficient for visual tasks to be completed without eye strain.

Natural and artificial light sources do not create glare via reflection on the computer screen or working surface.



| | There is sufficient ventilation and thermal comfort, regardless of the season. |
|----------|--|
| | Walkways are clear of clutter and trip hazards such as trailing electrical cords. The work area is segregated from other hazards in the home e.g. Hot cooking surfaces in the kitchen. |
| Works | tation |
| I acknov | vledge that: |
| | Seat height is adjustable and allow for arms and forearms to be at right angles or slightly greater and forearms and hands form straight lines when resting on the keyboard. |
| | Feet are flat on the floor or on a footrest so that knees are bent at right angles and thighs are horizontal to floor. |
| | Seat back is adjustable to support the lumbar curve of the low back. |
| | Seat pan tilt is adjustable so hips and tops of thighs are at right angles or slightly greater. |
| | Armrests are out of the way while typing, but may provide support during other activities (i.e. phone use, meetings, etc.). |
| | Keyboard-to-user distance allows user to relax shoulders with elbows hanging close to body. |
| | Keyboard position is flat. |
| | Mouse-to-user distance - mouse is directly next to the keyboard. |
| | Mouse is on the same level as the keyboard. |
| | Desk is large enough for the completions of mixed tasks such as computer work; reading/writing etc – (This should be at least 1600mm x 800mm wide). |
| | Desk height appropriate for the seat. |
| | Desk is designed to reduce or eliminate frequent trunk twisting / rotation. |
| | User can close to the desk without impediment. |
| | Readily used documents can be positioned to avoid unnecessary neck movement (sideways/downwards), with or without the use of equipment. |

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| | Monitor height is adjustable so top of screen is at or slightly lower than eye level (may need to be lower where bifocals are used). | | |
|-----------------------|--|--|--|
| | Viewing distance is approximately arm's distance away (350 - 750 mm). | | |
| | Monitor and keyboard are placed directly and symmetrically in front of user. | | |
| | Monitor is positioned to avoid glare (perpendicular to window or strong light source). | | |
| Work F | Practices | | |
| I acknowledge that: | | | |
| | Pause breaks are used during extended periods of keyboarding (e.g. – every 35 – 40 mins) and standing at least once per hour. | | |
| | Keyboarding posture allows wrists to be kept straight and not supported on any surface while typing. | | |
| | Sitting posture is upright or slightly reclined posture, maintaining slight hollow in lower back. | | |
| | Appropriate telephone use is practiced or headset is worn (no cradling). | | |
| | Long periods of continuous computer use are broken up by performing other tasks. | | |
| Emergency Egress | | | |
| I acknowledge that: | | | |
| | Emergency exits have been identified. | | |
| | Smoke detectors are installed and properly maintained to provide early warning of fire. | | |
| Safety Considerations | | | |
| I acknowledge that: | | | |



| | Security is sufficient to prevent unauthorised entry by intruders. | | |
|--|---|--|--|
| | When working in isolation at home, a "call-in" procedure has been established periodically confirm with the University that the home worker has not been injured. | | |
| Elec | etrical | | |
| I ack | nowledge that: | | |
| | Power outlets are not overloaded with double adapters and power boards. | | |
| | Earth leakage circuit protection is in place for work related equipment. | | |
| | Electrical equipment used for work is properly tagged and tested. | | |
| 5. | References | | |
| • | WorkCover Working from Home: A Guide to occupational health and safety rehabilitation and workers compensation requirements http://www.workcover.nsw.gov.au/Publications/OHS/RiskManagement/workingfromhome.htm | | |
| • | Office Ergonomic Guidelines http://www.workcover.nsw.gov.au/Publications/OHS/SafetyGuides/health_safety_in_office.htm | | |
| • | Australian/New Zealand Standard - 4442:1997 Office Desks. Standards Australia | | |
| • | Australian Standard 3590.2-1990 Screen Based Work Stations – Part 1. Workstation Furniture. Standards Australia. | | |
| • | Officewise – A guide to health and safety in the office. Comcare. 2007. http://www.comcare.gov.au/data/assets/pdf_file/0015/735/Officewise_June_2007.pdf | | |
| 6. | 6. Employee Declaration | | |
| Ι, _ | , hereby declare that I have reviewed my workplace and | | |
| | confirm that the workplace is safe for working from home in accordance with the Work Health Safety Act 2020 and Model WHS Legislation. | | |
| I will act in accordance with this legislation and the RTO policy at all times while working from home. | | | |
| I have provided photos of my workstation from the angle of above the workstation and horizontally front on and side on to assure my employer that the workstation is suitable. | | | |
| Empl | oyee Name | | |
| | | | |

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| Location | | | | |
|---------------|---|--|--|--|
| Signature | | | | |
| Date | | | | |
| 7. Employer I | Declaration | | | |
| l, | hereby declare that I have reviewed the request to work | | | |
| from home. | | | | |
| Approved | Approved with modifications Not Approved | | | |
| Employer Name | | | | |
| Role | | | | |
| Signature | | | | |
| Date | | | | |