

Home Workstation: Self-Assessment Safety Checklist

The checklist is designed to assess the safety of the home workstation. Employees are expected to designate an adequate and separate workstation in the home. To ensure employees are working in a safe and healthy dedicated workstation, the following checklist must be completed by the employee prior to the start date annually and/or when conditions in the home change.

Assessment is of the workstation only and is not reflective of the safety of the home in its entirety											
Employee Supervisor											
Home Workstation Address											
Description of Work											
Emergency Procedure											
	What steps would you follow in case of an emergency?										
	2) Do you have access to a phone in case of an emergency?										
	Moulcot	etion Conditions	Catiafaatami	Not Catiofootom	Action Dominad						
		tation Conditions Walking surfaces free of tripping,	Satisfactory	Not Satisfactory	Action Required						
	1)	slipping and falling hazards.									
	2)	Stairs are clear and unobstructed. Handrail installed is in good									
		condition.									
	3)	Area is tidy and free of clutter.									
	4)	Shelving and cabinets securely braced.									
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	5)	No sharp edges on desks and cabinets.									
	6)	Adequate number of electrical outlets (not overloaded).									
		outlets (not overloaded).									
	7)	Receptacle plates in good condition.	J								
	8)	Power cords in good condition.									
	9)	Power bars plugged directly into wall.									
	10)	Electrical panel properly covered									
	10)	and readily accessible.									

Last Updated: March 2020

http://w ment/E	cal Safety Brochure available at www.workingatmcmaster.ca/med/doculectrical-Safety-Brochure-1-36.pdf			
Fire Safety		Satisfactory	Not Satisfactory	Action Required
1)	Functioning smoke detectors tested regularly (monthly) within a reasonable proximity to your workstation.			
2)	Functioning carbon monoxide detector tested regularly (monthly).			
3)	Functioning fire extinguisher.			
Ergono	omics	Satisfactory	Not Satisfactory	Action Required
1)	Office Workstation Ergonomics Self Assessment Checklist completed prior to beginning work. Checklist available at http://www.workingatmcmaster.ca/med/document/Ergonomics-Self-Assessment-Checklist-1-36.pdf			
2)	Ventilation, temperature, light and noise levels can be controlled.			
Persor	nal Safety	Satisfactory	Not Satisfactory	Action Required
1)	No risk of violence and harassment, including domestic violence. Incidents of violence and harassment will be reported to supervisor as soon as possible. Additional information available at http://www.workingatmcmaster.ca/e ohss/prevention/workplace-violence/			
Other Hazards		Satisfactory	Not Satisfactory	Action Required
1)	No additional known hazards present in your workstation.			

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Additional Employee's Comments									
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Signature of Employee	Date								
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Supervisor's Comments									
Cupervisor a Comments									
Signature of Supervisor	Date								
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A copy of the Home Workstation Self Assessi	ment Safety Checklist, once completed and signed, should be retained	by							
the supervisor with the Working from Home A	arrangement (you should not mail the completed checklist, or a copy, to)							
EOHSS).	arrangement (year enough net man the completed encomine, or a copy, to	•							
201100).									
It may be necessary to provide photos of your	r workstation to your supervisor								
it may be necessary to provide priotos or your	Workstation to your supervisor.								
Should you have questions regarding the Home Workstation Self Assessment Safety Checklist, please contact EOHSS at									
eobss@mcmaster.ca.or.hv.nhone.at 905-525	-9140 ext 24352	ioo at							
eohss@mcmaster.ca or by phone at 905-525-9140 ext. 24352.									
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