## **Telecommuting safety checklist**

Employees participating in telecommuting arrangements are required to complete this checklist prior to commencing a telecommuting arrangement. Employees should provide a copy to their manager and to their local Work Health and Safety team where this is required.

A photo of the designated work area may be requested by the Work Health and Safety team, if required to assist the assessment process. A work area inspection may be required where solutions to risks cannot be identified and implemented

Employee name	Date	
Work location		

Safety and risk identifier	Yes or No	Recommendations for manager to address
Alternative work location		
Is the alternative work area/location fit-for-purpose?		Consider the appropriateness of the alternative location. If this cannot be addressed, do not approve for the employee to work from this location.
Does the alternative work location have appropriate emergency procedures or security arrangements in place?		<ul> <li>If appropriate emergency procedures or security arrangements cannot be put in place, the employee should not be approved to work from this location.</li> <li>N.B. This may not be applicable for an employee working from their home.</li> </ul>
Is the employee familiar with the alternative work location environment for access/egress?		• Ask the employee to familiarise themselves with the access and egress points, especially those to be used in the event of an emergency.
Are the tasks the employee will be undertaking likely to be hazardous and require first aid, fire protection or emergency procedures?		If the employee is likely to be undertaking these tasks, the appropriateness of the alternative location for this type of work needs to be considered and advice sought from the local Work Health and Safety team.
If the employee will be working outside normal working hours, does the work location have outside hours access, security and facilities (lighting, air conditioning etc)?		<ul> <li>If the after hours access, security and facilities are not suitable, consider the appropriateness of the alternative location. If a solution cannot be identified and implemented, do not approve for the employee to work at this location outside of hours.</li> <li>N.B. This may not be applicable for an employee working from their home.</li> </ul>
Is the alternative work location equipped with smoke detectors?		Consider the appropriateness of the alternative location. If this cannot be addressed, do not approve for the employee to work from this location.
If using electrical equipment, is the alternative work location equipped with an electrical safety switch?		<ul> <li>If required, consider portable "safety switch".</li> <li>Ensure a push button in-built test has confirmed operation of the safety switch.</li> <li>If an alternative cannot be identified and implemented, do not approve for the employee to work from this location.</li> </ul>



Will the employee be working from home, a remote location, working alone or isolated while working?	<ul> <li>Document communication arrangements and ensure information on how to contact the employee is up to date.</li> <li>Encourage support/interaction between team members.</li> <li>Encourage checking in at agreed intervals/times of day.</li> </ul>
Work to be undertaken	
Will the employee be undertaking tasks that are repetitive or tasks that are undertaken for prolonged periods (e.g. reading, phone calls, computer use)? Will the employee be using a laptop for a prolonged period?	<ul> <li>Take regular breaks from sustained postures and consider stretching.</li> <li>For computer use, complete the <u>Computer Workstation Self-Assessment Checklist</u>.</li> <li>Complete the <u>Computer Workstation Self-Assessment Checklist</u>.</li> <li>Consider using an external keyboard, mouse, monitor or raised laptop screen.</li> </ul>
Time and duration of work	
Will the employee be working outside normal working hours?	<ul> <li>Ensure conditions of the relevant industrial instrument will not be breached and that potential for fatigue is considered.</li> </ul>
Is there a potential for fatigue because the employee will be working longer hours?	Ensure employee still takes minimum legislated breaks from work during their work day, regardless of their work location.
Will the employee be required to undertake additional travel to/from different work locations?	Review hours of work and opportunity for rest and recovery.
Electrical equipment required	
Will the employee be using devices on battery (e.g. iPad, Surface Pro, laptop used on battery)?	Do not use device near water.
If the employee is using electrical equipment supplied by the workplace, has the electrical equipment been tested and tagged prior to use?	If using work equipment, check that all electrical leads tested and tagged are in date.
Are there a sufficient number of power points at the alternative work location to avoid overloading?	<ul> <li>Use power boards with in-built "safety switch".</li> <li>Double adaptors and "piggyback" plugs are not permitted.</li> </ul>
Is equipment and leads at the alternative work location free from obvious external damage?	Ask employee to correct where required.
Have all leads and power boards at the alternative work location been arranged to prevent trip hazards and damage to equipment or leads?	Ask employee to correct where required.
Mandatory training	
Has the employee completed all mandatory training, including work health and safety training?	<ul> <li>Check the employee's mandatory training record and ensure all training is up to date.</li> </ul>
Further advice required	
Is specific work health and safety advice required?	Consult local Work Health and Safety team.
Is a site visit required?	Site visits to be reserved for exceptional circumstances, where risk treatments are unable to be explored with the employee's manager and/or local Work Health and Safety team via photographs or video footage of the proposed alternative work site.

Control Plan – include actions to be taken to address issues or risks identified above						
What needs to be done	Who is responsible	By when	Employee actions completed	Manager checked		

Sign-off	Name	Signature	Date	
Employee				
Manager				
Work Health and Safety Adviser (if required)				
Keep a copy of this assessment with the flexible work request decision.				