



# Home Work Environment Checklist – Blended Work Arrangement pilot program

Employees are responsible for ensuring their designated workspace meets WorkSafeBC’s normal occupational health and safety standards for a home office. Use this document as a guide to identify and address any potential hazards while working at home.

**The employee:**

- Completes and signs the checklist
- Submits the checklist to the manager

**The manager:**

- Reviews, signs and forwards a copy to HR Consultant
- Ensures employee completes any Action Required prior to working from home

Considerations	Yes	No	N/A	Action Required/Comments
<b>General Workplace Conditions</b>				
<b>Floors</b> <ul style="list-style-type: none"> <li>▪ Is the workspace free of trip, slip and fall hazards?</li> <li>▪ Is there any loose material, debris or worn carpet that may be a tripping hazard or any areas that are slippery or have rough, splintered or protruding nails or screws?</li> <li>▪ Is the floor clear with cables stowed neatly?</li> </ul>				
<b>Stairways and aisles</b> <ul style="list-style-type: none"> <li>▪ Are stairways and aisles clear and unblocked, well lighted and have handrails?</li> </ul>				
<b>Space</b> <ul style="list-style-type: none"> <li>▪ Does the home office provide enough space to work?</li> <li>▪ Is the space adequate to perform the work?</li> <li>▪ Is there appropriate ventilation, temperature control and work surfaces?</li> </ul>				

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<b>Exits</b> <ul style="list-style-type: none"> <li>▪ Are exit routes unobstructed and clear?</li> <li>▪ Are the outside landings, walkways clear?</li> </ul>				
<b>Lighting</b> <ul style="list-style-type: none"> <li>▪ Is task and general lighting adequate with minimal glare on computer screen?</li> </ul>				
<b>Equipment/Furnishings</b> <ul style="list-style-type: none"> <li>▪ Are there any worn or broken items with sharp or splintered edges?</li> <li>▪ Are cabinets and shelves secured to walls with heavy items placed on lower shelves to reduce falling hazards?</li> <li>▪ Is all equipment/furnishing in safe operating condition?</li> <li>▪ Are the chair, desk and keyboard ergonomic and height/settings adjusted correctly? See <a href="#">Ergonomic resources</a>.</li> <li>▪ Is there high-speed internet connection and bandwidth appropriate and able to support work tasks?</li> </ul>				
<b>Electrical</b>				
<ul style="list-style-type: none"> <li>▪ Are power cords in good condition (no fraying).</li> <li>▪ Are electrical outlets and devices properly grounded?</li> <li>▪ Are extension cords/power bars/surge protectors used safely (plugged into wall receptacles and not into each other)?</li> <li>▪ Are the receptacle plates adequate and in good condition (no overloaded outlets, not broken, no evidence of shorting).</li> </ul>				



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Considerations	Yes	No	N/A	Action Required/Comments
<b>Fire Safety and Emergency Procedures</b>				
<ul style="list-style-type: none"> <li>▪ Are smoke detectors and carbon monoxide detectors properly maintained?</li> <li>▪ Is there a working fire extinguisher?</li> <li>▪ Are there any issues that RRU should be made aware of regarding your safety while working from home?</li> <li>▪ Is an emergency contact listed on file with HR?</li> </ul>				
<b>Additional Considerations/Comments from the Employee</b>				
<b>Additional Considerations/Comments from the Manager</b>				

**Employee Name and Signature:**

\_\_\_\_\_

Name (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Manager Name and Signature:**

\_\_\_\_\_

Name (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date