**Remote Workspace – Self-Assessment Checklist**

This checklist is provided to assist employees in conducting a readiness assessment on their remote or home workspace as a pre-requisite for remote working arrangements. This assessment MUST be completed prior to the commencement of the remote working arrangement, and it forms part of the Remote Working Assessment. Once completed, this checklist should be forwarded to the employee’s direct supervisor.

*Note: This assessment is for the workspace only and is not reflective of the overall safety of the home or remote location in its entirety.*

**Date:** Click or tap to enter a date.

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| **Employee & Supervisor/Manager Details** |
| Employee First Name:Click or tap here to enter text. | Employee Last Name:Click or tap here to enter text. |
| Manager First Name:Click or tap here to enter text. | Manager Last Name:Click or tap here to enter text. |
| Division:Click or tap here to enter text. | Department:Click or tap here to enter text. |
| Remote or Home Location Address:Click or tap here to enter text. |
| Brief Description of Work:Click or tap here to enter text. |

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| **Workstation Conditions:** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Designated workspace |[ ] [ ] [ ]
| Area is tidy and free of clutter |[ ] [ ] [ ]
| Shelving and cabinets are securely braced |[ ] [ ] [ ]
| No sharp edges on desks and cabinets |[ ] [ ] [ ]
| Adequate number of electrical outlets (no overload risk) |[ ] [ ] [ ]
| Power cords in good condition |[ ] [ ] [ ]
| Power bars plugged directly into the wall |[ ] [ ] [ ]
| Electrical panel covered and readily accessible |[ ] [ ] [ ]
| Receptable plates in good condition |[ ] [ ] [ ]
| Exits are clear and unobstructed |[ ] [ ] [ ]

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| **Fire Safety:** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| A fire safety plan is known |[ ] [ ] [ ]
| Functioning carbon monoxide detector (tested regularly) and within a reasonable proximity to the workspace |[ ] [ ] [ ]
| Location is equipped with smoke detectors (tested regularly) and within a reasonable proximity to the workspace |[ ] [ ] [ ]

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| **Ergonomics:** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| The workspace is well ventilated, temperature controlled, with adequate lighting and controlled noise levels |[ ] [ ] [ ]
| The employee has reviewed the **Workspace Ergonomics Self Assessment Checklist** |[ ] [ ] [ ]

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| **Personal Safety:** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| The workspace or home is free from any risk of violence, harassment, or danger |[ ] [ ] [ ]

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| **Other Hazards: Indicate and hazards and assess them** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Click or tap here to enter text. |[ ] [ ] [ ]
| Click or tap here to enter text. |[ ] [ ] [ ]

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| **Emergency Procedure:** |
| Detail the steps you would take in case of an emergency:Click or tap here to enter text. |
| Detail backup contact information- such as a secondary phone in case of an emergency:Click or tap here to enter text. |

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| **Employee Attestations:** |
| Employee Name (Print):Click or tap here to enter text. | Employee Signature:Click or tap here to enter text. |
| Date:Click or tap to enter a date. |