**WORKING AT HOME - WORKSTATION CHECKLIST**

**Complete and Scan**

**Staff member keeps a copy and send to manager to hold on the departments records**

**Worksafe information:** [**https://www.worksafe.govt.nz/dmsdocument/53779-setting-up-a-healthy-workstation-when-working-from-home/latest**](https://www.worksafe.govt.nz/dmsdocument/53779-setting-up-a-healthy-workstation-when-working-from-home/latest)

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| --- | --- | --- |
| **Name:**  |  | **Manager:** |
| Department:Role:  | Hours of Work: 🞎 full time🞎 part time Time in Current Position:  | Is this supported by the manager?🞎 Yes 🞎 No |
| **Work Area** | **Requirements** | **Comments** |
| What is the type work you do? e.g., data entry, documents, processing. | Other part time work, study, etc.: | Privacy and Confidentiality is this required? |
| Separate office & desk 🞎Designated work area in room 🞎 Dining Table 🞎Bedroom 🞎 | Separate area if possible, or designated area is best practice Add a photo of the area  |  |
| Chair – adjustable chair does it adjust up and down and back?🞎 Yes 🞎 No | Add a photo of the chair  | Chair requirements: |
| Is other equipment required:🞎Separate keyboard & mouse or screen🞎 Footrest🞎 Document holder🞎 Other | Working on a laptop only is not recommended you either need a mouse and keyboard or screen so your head is kept at the correct angle  |  |
| EnvironmentIs this a safe environment to work | Staff have you any concerns or questions? | Managers comments  |
| Desk Type & Height 🞎 Fixed desk greater than 700mm 🞎 Fixed under 700mm🞎 Sit Stand🞎 Dining Table 🞎 Bench 🞎 Other furniture  | 🞎 Height under 700mm if taller this may need to be higher 🞎 Top thickness less than 30mm🞎 Chair able to go high enough for shoulders relaxed  |  |
| Do you have Pain or Discomfort? Yes 🞎 No 🞎 | If yes location & nature of discomfort and pain:  | Refer to ohn@otago.ac.nz for follow up  |
| Other: Any concerns you have about your set up or safety working at home  |  | Any concerns you have about your set up or safety working at home  |
| **Recommendations**  | **Manager**  |  |
| **Comments or further assessment required** **ohn@otago.ac.nz** |  |  |
| **Extra equipment required** |  |  |

**If concerns about the situation or pain and discomfort please contact the Occupational Health Nurse (****ohn@otago.ac.nz****) for further advice and assistance (such as a zoom workstation assessment).**