**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 |  |
| Environment  Is 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](mailto: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**](mailto: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**](mailto:ohn@otago.ac.nz)**) for further advice and assistance (such as a zoom workstation assessment).**