home wOrkplace inspection

**Worker’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker’s address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of work to be completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inspection completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| To be inspected | ✓ | Action required |
| **FLOOR** |
| Is the floor surface safe and non-slip? |  |  |
| Is there sufficient floor space in the working area for free movement? (2.5 square metres is recommended.) |  |  |
| **DESK AND CHAIR** |
| Is the desk space sufficient? |  |  |
| Is the desk high enough to allow the worker to be seated comfortably with adequate legroom? |  |  |
| Is the chair in good condition? |  |  |
| Does the chair have an adjustable seat and backrest? |  |  |
| Is the chair able to be positioned close enough to the desk to ensure comfortable forearm support and effective back support? |  |  |
| Is the computer monitor able to be adjusted to ensure clear, glare-free viewing? |  |  |
| Are the mouse and keyboard lying flat on the desk? |  |  |
| **ELECTRICAL SAFETY** |
| Is all electrical equipment in good condition, e.g. no frayed cords? |  |  |
| Are outlets used appropriately, e.g. no double adaptors and individual switches on power boards? |  |  |
| Is there adequate electrical equipment ventilation? |  |  |
| **EMERGENCY EQUIPMENT** |
| Is there a working smoke alarm? |  |  |
| Is there a fully stocked first aid kit? |  |  |
| Is there a fire extinguisher? |  |  |
| Are emergency phone numbers near the phone? |  |  |

|  |  |  |
| --- | --- | --- |
| **To be inspected** | **✓** | **Action required** |
| **GENERAL WORK ENVIRONMENT** |
| Is the temperature able to be adjusted to a comfortable level? |  |  |
| Is the noise level acceptable? |  |  |
| Are there handrails on staircases? |  |  |
| Is the lighting appropriate for the work being undertaken? |  |  |
| Is there dedicated childfree time to undertake the work? |  |  |