



Employee Name:
Supervisor's Name:
Date Checklist Completed:
Next Steps in response to Questions answered 'no':

Work from Home Checklist

As described in the Occupational Health and Safety Policy, emergency situations may affect where work is performed. OSTA Management determines when and who is eligible to work from home. To ensure employee wellness (e.g., minimize the potential for musculoskeletal injury), as well as other considerations (e.g., data security), the following checklist will be completed by the employee and their supervisor. Questions answered 'no' should be discussed. What action is going to be taken to correct areas of potential risk? If risk areas cannot be easily corrected (for example, a private place to work), the employee should work on site at OSTA.

The checklist is divided in two parts

- Preparing to Work from Home, and
- Checking In

'Preparing to Work from Home' is completed in conjunction with considering working from home. 'Checking In' is completed at regular intervals to ensure continued employee wellness and safety.

Preparing to Work from Home

1. Can data security and confidentiality requirements be met as described in the 'Use of Computer, Email and Internet Use' policy. (e.g., secure IT access)?
2. Can work be performed without hard copies of confidential documents (e.g., AODA forms, printed screen shots of student records)?
3. Does work location enable confidentiality of conversations (e.g., private, conversations will not be overheard)?
4. Is adequate internet access available (e.g., contact will not be disrupted due to poor internet)?
5. Can the arrangement be managed at minimal additional cost to OSTA?

Work Station

6. Is your chair in good condition and adjusted to the appropriate height (i.e., thighs parallel or knees slightly lower than the hips)?
7. Do you know how to adjust your chair for maximum comfort?
8. Is the small of your back adequately supported by a backrest?
9. Do you have sufficient leg room at your desk?
10. Are your feet on the floor or fully supported by a footrest?
11. Does the placement of your monitor and keyboard allow for a comfortable position (e.g., head looking forward, not turned to one side)?
12. Is it easy to read the text on your screen?
13. Is your computer screen free from noticeable glare at all times of the day?
14. Is the height of the monitor adjusted properly for a comfortable head/neck posture? (i.e., top of your screen at eye level – lower for bifocal or trifocal users)
15. If needed, do you have a document holder available to avoid awkward postures?
16. Is there space to rest your arms when not keyboarding?
17. When keying or using the mouse, are your elbows close to the body and your forearms close to parallel with the floor?
18. Are your wrists fairly straight when keying?
19. Are frequently used items (e.g., telephone) positioned within easy reach of your normal working position and is desk space adequate for the work?
20. If you need to connect and disconnect a laptop, are you able to do this without bending or crawling under your desk each time?

Workplace Environment

21. Is temperature, noise, ventilation, and lighting levels adequate for maintaining your normal job performance?
22. Is the work area free from slip, trip and fall hazards? (e.g., drawers and doors do not open into walkways, or phone lines, electrical cords and extension wires secured?)
23. Is material stored in file cabinets/shelves properly to avoid over loading and tipping?
24. Is the work area free from all electrical and fire hazards? (e.g., frayed wires or excessive amounts of combustibles?)

25. Is the work area equipped with appropriate emergency systems? (e.g., a functioning smoke detector and carbon monoxide detector installed in the home, a working fire extinguisher and first aid kit nearby?)
26. Is it possible to ensure minimal potential for inadvertent damage to OSTA equipment and furniture? In the event the repair or replacement of equipment is required, employees are required to advise how the damage occurred and steps that were taken to avoid damage in the first place.
27. Are areas such as hallways or stairs, required for access during the workday (e.g., to get to the bathroom and kitchen) free from slip, trip and fall hazards.

Checking In

28. Do you take regular rest and meal breaks, and stretch and move about?
29. Do you ensure that you have daily contact with clients, co-workers, or your leader?
30. Do you regulate the hours you work so that you allow for adequate time off for family and/or personal recreation daily?
31. Do you engage in daily stop work rituals, such as turning off your computer and turning off your area light?
32. Do you keep your doors and windows closed and secured to prevent break-ins, theft, and other forms of violence?
33. Has internet access been reliable?
34. Have there been any changes to the location of work such that data security and confidentiality have been affected?

I have read, had the opportunity to ask questions, understand and agree to Work from Home as described in this checklist, and implement the corrective measures identified in response to questions answered 'No'. In the event of changes to working from home, I will discuss with my supervisor, and complete a new checklist.

Date

Employee's Full Name (Print clearly)

Employee Signature