



HR Services

Remote Working Request and Remote Working Health and Safety Assessment

Staff members details	
Name	
Work Unit	
Usual campus and office location	

Work details	
Can you fulfil all responsibilities of your role as required by the University from a non-campus location?	
Confirm your availability during agreed working hours by email, phone and other contact methods?	
Do you have access to reliable services such as internet, electricity and phone reception?	
Confirm that you can maintain confidentiality requirements from a non-campus location?	
Do you have any pre-existing injuries or medical conditions that may affect your ability to work safely from a non-campus location?	If yes, please describe...
What is your current employment fraction?	

Proposed location details	
Proposed location address	
Proposed contact number	
Proposed commencement date	
End date (no more than 6 months)	
Proposed days at non-campus location	

Work station checklist

Are there any safety issues or hazards that may affect your ability to work safely?

OFFICE CHAIR

1. Is the chair height adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the chair back adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the chair have a five-star base?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Ensure chair arms do not restrict access to the desk (you should be able to sit close to the desk)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you able to sit with your feet flat on the floor or on a footstool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DESK AND COMPUTER SET UP

1. Is the desk height, from floor to top of desk, between 680 mm and 720 mm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the monitor directly in front and approximately an arm's length away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the monitor/s adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the screen free from glare or reflections from light sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the computer workstation level and stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the keyboard positioned directly in front of you and high enough to have your hands hover over, the computer mouse positioned close to the keyboard and keyboard short cuts available to reduce keyboard/mouse use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Ensure you have breaks to stretch and that you rotate tasks regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORK SPACE GENERAL

1. Are exits and walkways free of obstructions and triphazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are phone lines and electrical cords secured and out of the way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are electrical cords in good condition i.e. free from cuts or fraying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the use of power boards and extension cords minimised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have read, understand and accept the terms and conditions outlined in the Working from Home Application.

_____ Date _____
 (Staff Member Signature)

Approval of the Working from Home Agreement: Approved / Not Approved

_____ Date _____
 (Supervisor Signature)