

## OPERATIONAL / LAY EMPLOYEE FORM 2

Anglican  
Church  
Diocese of Perth



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### WORKING FROM HOME SELF-ASSESSMENT CHECKLIST

Parent Policy:  
Completed forms to be forwarded to:

Policy 1  
HR@perth.anglican.org

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#### EMPLOYEE DETAILS

Name: \_\_\_\_\_

Address of home-based work site:

\_\_\_\_\_

Description of the workspace in the home-based work site:

Is the work space free from potential hazards that could cause physical harm (eg: frayed wires, bare conductors, loose wires, exposed wires to the ceiling, uneven floor surfaces, etc)?

YES                      NO

Does the office chair have wheels?

YES                      NO

Are the office chair wheels in good working order?

YES                      NO

Do the desk, chair, computer and peripherals meet ergonomic requirements?

YES                      NO

Are phone lines, electrical cords, and extension wires secured?

YES                      NO

Is the office space neat, clean, and free from obstructions and excessive amounts of combustibles?

YES                      NO

Are large or heavy items stored within close reach and not above shoulder height, or nearby where you have to stand to access them?

YES                      NO

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Is there enough light for reading?

YES NO

Is there adequate ventilation?

YES NO

Is a fire extinguisher easily accessible from the office space?

YES NO

Is there a working (test) smoke detector within hearing distance of the workspace?

YES NO

Is the noise level of the area not distracting from task concentration?

YES NO

Is there a first aid kit in the workspace?

YES NO

### ACKNOWLEDGEMENT

I certify that all information contained in this checklist is true and complete to the best of my knowledge. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for termination of the Home-Based Work Agreement and/or may lead to disciplinary action.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_