



WORKING FLEXIBLY SELF-ASSESSMENT CHECKLIST

This checklist supports the implementation of the Working Flexibly Guidelines. This checklist is to be used when working in other environments away from your regular work location including working from home.

Name: _____ Signature: _____

Date of self-assessment: _____ Assessed Work space: _____

I declare and confirm:

- 1. I have read the Working Flexibly Guidelines Yes No
- 2. I confirm that I have completed the online Health and Safety Module Yes No
- 3. I have completed the online Office Ergonomics and Manual Handling Module Yes No
- 4. I have completed the online Cyber security essentials Module Yes No
- 5. I have recorded in this checklist all equipment, materials and IT used for Working Flexibly Yes No

Work allocated Equipment	Used Flexibly or at off campus location	QRME owned	Staff owned
Computer			
Monitor			
Wireless Internet			
Keyboard/Mouse			
Printer			
Telephone			
Other			

Following completion of training and assessing the proposed work area	Assessment Complete and Meets requirements	Follow Up Advice required
The workspace is free from hazards including trip hazards		
The workstation is setup correctly and adequate for the work performed		
Lighting and noise are at acceptable standard		
Room temperature is appropriate for the work performed		
Chair is stable and able to be adjusted to provide postural support		
IT equipment setup meets ergonomic requirements		
Other: please specify		

Please return to your Manager once completed.



