

Section: PS 806-D

Remote Work Safety Checklist

Appendix D

Last revised: January 31, 2022
 Last reviewed: January 31, 2022
 Next review: January 31, 2023

Remote Worker's Name: _____

Manager's Name: _____

Remote Workplace Address: _____

Date: _____

Before remote work begins, the manager should verbally review the items in the checklist with the employee to ensure the hazards, and how to assess them, are understood. If an inspection is deemed necessary by an additional resource, arrange it in a timely manner, with consent obtained from all parties. Completed and signed checklist, including remote workplace photos, must be attached to the Arrangement.

| Category | Yes | No | Action Required | Completed Date |
|--|--------------------------|--------------------------|-----------------|----------------|
| Workspace Conditions | | | | |
| Floors | | | | |
| <i>Walking surfaces are free of obstructions and other 'slip, trip or fall' hazards?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Free of loose tiles, or loose carpets?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hallways, aisles, walkways | | | | |
| <i>Clear and unobstructed?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Stairs | | | | |
| <i>Clear and unobstructed?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Tread and edgings slip resistant?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Railings in good condition?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Exits | | | | |
| <i>Clear and unobstructed?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Outside landings, walkways clear, free of snow and ice?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| Lighting | | | | |
| <i>Working areas adequately illuminated (e.g. hazards can be seen, no eye strain)?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Lighting contrast and glare is minimized?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Electrical | | | | |
| <i>Power cords in good condition – no exposed or frayed wires, no cracked plugs?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Three prong plugs used, where required?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Cords placed to avoid tripping?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Adequate number of outlets provided – no overloading outlets with too many plugs?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Surge protector/power bar in place, where required?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Storage | | | | |
| <i>Adequate shelf space available?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Shelving secured?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Material properly stacked/filed (heavy material on bottom)?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Environmental Hazards | | | | |
| <i>Excessive noise or other distractions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Emergency Systems | | | | |
| <i>First aid kit?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Fire extinguisher?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| <i>Smoke alarm?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Carbon Monoxide Detector?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ergonomics | | | | |
| <i>Review Guidelines for Managing Office Ergonomics.</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Complete Learn Course: Office Ergonomics.</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Furniture and equipment in place that supports ergonomics?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Proper posture can be maintained?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Able to take frequent mini-breaks and shift position throughout the day?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Potential of Violence | | | | |
| <i>Is there a risk of violence to you or property?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Do you have a procedure in place to deal with risk of violence?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Verify Emergency contacts are up-to-date in PSC Client.</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Is there a Working Alone protocol in place/needed?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Training | | | | |
| <i>Have you received orientation:</i> <ul style="list-style-type: none"> • <i>To specific work policies, tasks, hazards, and safe work procedures?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>An OHS orientation checklist was used to assess required safety training and information to work safe (e.g. Onboarding Checklist, etc.)?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| Trained on how to report workplace incidents and safety concerns ? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Note: Deficiencies identified in the checklist require a reasonable risk mitigation intervention in order to continue with remote work arrangement.

 Employee's Signature

 Date

 Manager's Signature

 Date