

WHS F031 Off Campus Workplace Assessment

This Checklist is a self-assessment risk management tool to be utilised by staff who:

- Are seeking approval to work from home or another location on a regular/scheduled basis; or
- Are applying or reviewing a variation to their existing work arrangements that are off campus.

Directions:

- Parts A – F are mandatory to complete.
- Review parts G – K and see if they are applicable to the situation. These parts are only required in specific circumstances.
- Applicant will need to sign part L, and obtain signature from Supervisor in Part M.
- Supervisor will TRIM the form in A16/3782.
- If you are doing fieldwork or an excursion, do not complete this form.** Complete form WHS F079 Travel and Fieldwork Risk Assessment.

Part A: Overview of Work Location - Mandatory to complete

Work Location Details

Reason for workplace assessment:

- Working from Home
- Working from Other Location
- New Request for Work Arrangements
- Review of Existing Work Arrangements

Start Date		Finish Date	
Days per week working at this location		Details of Work Environment <i>eg: office, workshop, laboratory etc</i>	
Phone Contact		Email Contact	
Address of Work Location			
Details of Work being conducted			
Is the Workplace shared with other occupants?	Yes	No	
Is the Workplace controlled by UNE or another organisation?	Yes	No	
Name of other organization			
If other organisation has control provide details including contact details of contact person			

Document Reference	Procedure Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F031	WHS OP018	3.0	01/05/2019	30/08/2024	1	6/09/2024

Part B: Workplace Inductions - Mandatory to complete

Have you completed the UNESAFE Work Health & Safety Induction in Skytrust? <i>This is Mandatory for all staff. Visit https://www.une.edu.au/safety/whs-inductions and attach a copy of your Certificate. Check off box in Part K.</i>	Yes		No
If working under the control of another organisation has all relevant inductions or training been completed?	Yes	No	N/A

Part C: Work Environment - Mandatory to complete

Work Environment	Yes	No	N/A
Adequate working space is available?			
Workspace is clean and housekeeping maintained?			
Amenities such as kitchens / bathrooms are available and kept clean?			
Adequate lighting for the work area or task provided?			
Smoking is not permitted and does not occur inside the work area?			
Walkways and stairs are clear of obstructions?			
Floors/footpaths/work areas are without trips hazards?			
UV protection is provided for outdoor tasks routinely performed?			
Airborne contaminants/odours are controlled?			
Adequate safety signage is in place?			
Exposure to machinery/plant/equipment is eliminated or controlled?			
Exposure to falling objects is eliminated or controlled?			
Noise levels are controlled?			
Ventilation is adequate/comfortable for workers in all seasons?			
Are there any environmental hazards such as weather conditions?			
Is the work environment on or near water? <i>E.g. dam, river</i>			
Is appropriate Person Protective Equipment (PPE) provided?			
Restricted areas are secure?			
Hazardous areas clearly defined?			
Comments			

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Part D: Ergonomics - *Mandatory to complete*

Computer Workstation Ergonomics	Yes	No	N/A
WHS F019 Computer Workstation Ergonomic Checklist has been completed. Attach and check off box in Part K.			

Part E: Emergency Preparedness - *Mandatory to complete*

Emergency Preparedness	Yes	No	N/A
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Working from home or other domestic premises			
Emergency phone numbers located nearby phone?			
Fire protection equipment / smoke alarm installed and working?			

Working from another workplace			
Are evacuation plans displayed?			
Are you aware of who your Emergency Warden is for your work area?			
Do you know where your Emergency Assembly Point is located?			
Do you know what to do in an emergency?			
Do you have concerns about your work area if there were an emergency?			

Comments

Part F: First Aid - *Mandatory to complete*

First Aid	Yes	No	N/A
First Aid kit easily accessible and suitable for work tasks?			
First Aid supplies within their use by date?			
Are there adequately trained first aid personnel in the work area?			
Comments			

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Part G: Manual Handling – Complete if applicable

Manual Handling	Yes	No	N/A
Repetitive movement tasks, overreaching/strained positions and heavy lifting is eliminated, or other controls are in place?			
Heavy objects are stored at approximately waist height if possible?			
Trolleys or other assistance are available for transporting heavy items (and the trolley is in good working order with surfaces suitable for trolley use)?			
Comments			

Part H: Electrical Safety - Complete if applicable

Electrical Safety	Yes	No	N/A
Are plugs, cables, sockets, switches, extension leads & power boards in your work location in a safe operating condition and free of damage?			
Electrical leads positioned to avoid tripping risks?			
Comments			

Part I: Remote or Isolated Work - Complete if applicable

If arrangements involve 'Working from Home' this part **MUST** be completed.

Remote/Isolated work	Yes	No
Are you working alone or in an area where you will not be able to communicate with someone for long periods? <i>If yes, WHS F020 Risk Assessment must be completed. Sections N, O and P must be completed. Attach and check off box in Part K.</i>		
Will you be regularly communicating with your supervisor?		
Will you be using a remote communication device? <i>E.g.: SPOT Checker, EPIRB, Satellite Phone</i>		
Do you have an emergency action plan, if you need help? <i>E.g. medical emergency, communication processes, monitoring or work</i>		
Will you be performing any hazardous tasks whilst alone?		
Comments		

Part J: Travel and Accommodation - Complete if applicable

If working arrangements involve temporary accommodation and travel this part **MUST** be completed.

General	Yes	No	N/A
Does your off-campus work involve UNE covered travel? If yes, have you attached an approved <u>WHS F079 Travel and Fieldwork Risk Assessment</u> form? Note that domestic travel does not require this unless requested by your supervisor.			
Do you travel more than 50km (one way) to get to work?			
Do you have any concerns about your accommodation?			
Do you have any concerns about your travel arrangements?			
Comments			

Part K: Attachments - Complete if applicable

<u>WHS F020 Risk Assessment</u>	<u>WHS F019 Computer Workstation Ergonomic Checklist</u>	<u>UNE General WHS Induction Certificate</u>
Other Workplace Inductions	<u>WHS F079 Travel and Fieldwork Risk Assessment Form</u>	Other Documents/Photographs

Part L: Applicant Signature - Mandatory to complete

- **Risk Assessments** - Any off campus work activities under these arrangements that include work with chemicals, mechanical equipment/tools, activities such as welding, cutting, lifting, must complete the WHS F020 Risk Assessment to ensure risk controls are identified and implemented. Supervisors must take this into consideration when approving a change to the primary place of work or work from home arrangements. Attach WHS F020 and check off box in Part K.
- **All relevant parts** of this assessment must be completed.

Name	
Signature	
Date	

Part M: Supervisor Signature - Mandatory to complete

Supervisor Review

The relevant supervisor must review this assessment and any relevant Risk Assessments and other documents and ensure control measures are reasonably practicable and implemented, specific to the work environment under their control. If you have any questions regarding work, health and safety, please contact whs@une.edu.au.

Review	Response
Have all parts of this assessment been completed as required and appropriately address the work request?	
Are there any concerns about this work request?	
Have all required documents been provided as attachments?	
Have required Risk Assessments been conducted?	
Are there any further actions required?	
What is the review date for this assessment?	

Name	
Signature	
Date	

Records Storage Instructions

This completed form must be recorded in TRIM Container A16/3782 by your supervisor. Only the P&C Team is able to **view** records in this container.

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