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|  **SITE SPECIFIC WORKING FROM HOME HAZARD ASSESSMENT – REPORT FORM****Date:** |
| What is telework or working from home?Technology has made it possible for a worker to stay home and still be connected to the office by computer, internet and telephone. This type of arrangement is called telework, or working from home. When working from home, your home becomes a work site. All worksites require a Hazard Assessment. Because injuries or illnesses arising from working from home may be work related, workers are required to report injuries or illnesses to WCB. |
| Name of Worker: Signature:  |
| Name of Supervisor: |
| Location: **(Describe the work area)** |
| Description of task and hazard | Level |
| Computer use | Neck and shoulder pain |  |
| Eye Strain |  |
| Extension cord | Tripping hazards |  |
| Ensuring proper cords for task |  |
| Chemical Use | Cleaning products |  |
| PPE when cleaning |  |
| Stairs | Tripping hazards |  |
| Floors | Slipping hazard |  |
| Falls | Injuries |  |
| Fire | Appliances unattended  |  |
| Faulty wiring in home |  |
| Working Alone | Isolation |  |
| Records | Breach of confidentiality |  |
| Environmental | Insufficient lighting |  |
| Excessive noise |  |
| Designated area | No privacy |  |
| Illness | Contagious  |  |
| Work related Travel | Accidents |  |
| □ **Level 4 Almost Certain:** Do not continue the task until contacting your Team Lead to discuss how to control the hazard.□ **Level 3 Likely**: Is it possible to eliminate the hazard, or can the task can be done differently?□ **Level 2: Possible:** Is there anything that could be done to minimize the risk?□ **Level 1 Unlikely:** Make sure current controls are working and be aware of new hazards that may develop.  |
| Hazard Control Action Plan: **(Describe the corrective action items to implement: how, by whom, and when)**  |
| Communicated to: □ Workers□ OHS Committee□ Health and Safety Representative□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Follow-up Date: Name of Supervisor Responsible for Follow-up: |
| Supervisor Signature: Date: |