|  |
| --- |
| **off-campus OFFICE health and safety checklist** |

For staff and students performing work off-campus in an office.

In promoting a culture of safety, we expect that all staff and students experience a level of safety off-campus that is no less than what they would experience on-campus.

**SECTION 1.**

**Details of UTS staff/student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Work phone:**  **Mobile:** |  |
|  |
| **Faculty/Unit:** |  | **Email:** |  |
| **Supervisor Name:** |  | **Work phone:**  **Mobile:** |  |
|  |
| **Email:** |  | **Email:** |  |

**SECTION 2.**

**Details of host**

|  |  |
| --- | --- |
| **Name of host organisation:** |  |
| **Address:** |  |
|  |
| **Telephone:** |  |
| **Email:** |  |

**section 3**

**OFF-CAMPUS OFFICE checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item to Inspect** | **Yes** | **No** | **N/A** |
| The workplace in good repair e.g. check for trip hazards, stairs in good repair, lighting covers and fittings are secure and furniture such as chairs are in good order and safe for use. | Yes | No | N/A |
| The work environment is comfortable? i.e. Temperature is maintained, lighting is adequate, glare is reduced, and area is free of odours and excessive noise. | Yes | No | N/A |
| There are emergency procedures in place for the workplace. Evacuation instructions are made available, emergency personnel nominated, fire extinguishers accessible. | Yes | No | N/A |
| Electrical equipment and switches are in good repair. Equipment and cords are maintained away from moisture, heat, chemicals etc. There is no visible signs of damage. | Yes | No | N/A |
| Computer workstations and chairs are adjustable and in good repair to provide adequate workstation comfort. | Yes | No | N/A |
| There are processes in place to report and manage incidents and accidents | Yes | No | N/A |
| There are adequate kitchen facilities for the hygienic preparation and storage of food including refrigeration, utensils, adequate washing facilities and rubbish disposal | Yes | No | N/A |
| Is work organised to limit unnecessary or excessive bending and the need to transport heavy loads? |  |  |  |
| Is there adequate space for tasks to be carried out? |  |  |  |
| **Name and signature of person completing checklist** | **Date Completed** | | |
|  |  | | |