

Remote Work Safety Assessment

Employee Information

Employee Name	Remote Work Schedule (days)
Employee Telephone	Regular Work Location/Site
Employee Alternate Telephone	Emergency Contact Name
Remote Work Location (address)	Emergency Contact Telephone
Remote Work Schedule (hours)	Emergency Contact Alternate Telephone

Education and Training

Prior to completing this assessment, you **must** complete the “Remote Work Safety Course” and inform your supervisor upon completion (includes ergonomics and mental health resources).

I acknowledge that I have completed this requirement

Remote Work Safety Assessment

Ensure your remote work environment is safe by using the assessment checklist below. Please report and correct any hazards/deficiencies/unsatisfactory items before the supervisor is able to approve your application. For the UBC Vancouver campus and affiliated sites, contact safety.risk@ubc.ca if you have any questions. For the Okanagan campus, contact hse.ok@ubc.ca.

Remote Work Safety Assessment

Yes	No	N/A	Remote Work Safety Assessment
			Are walkways and aisles free of tripping hazards?
			Is there a safe emergency exit (exits and doorways unobstructed)?
			Is there a basic first aid kit/supplies? (Not required if only 1 UBC employee working remotely)
			Is there adequate lighting and ventilation?
			Is there a designated space to perform work?
			Are electrical cords in good condition, i.e. ground pins are intact and no fraying of cords?
			Are power bars in good condition?
			Do power bars have surge protection?
			Is there a working smoke detector?
			Are nearby cabinets and shelves secure?
			Are materials on nearby shelves neatly and safely piled?

If you answered **no** to any of the above, please provide any comments or explanation for supervisor to consider:

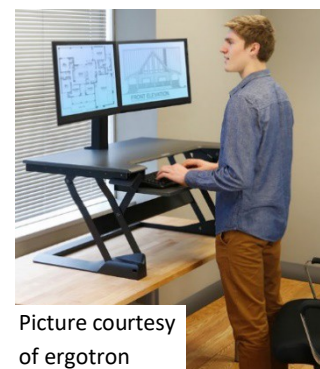
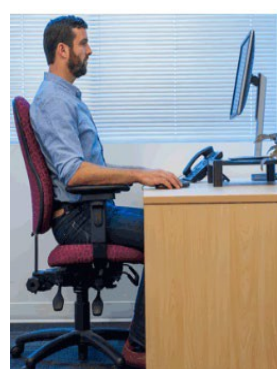
Ergonomics Assessment

This checklist was created to support UBC Faculty/Staff in creating a comfortable and productive remote workspace and is based on a standard office workstation. We recognize that some individuals use adaptive or specialized technology/equipment and some elements of this checklist may not apply. Managers should keep a record of this along with the remote work agreement.

If you answer no to any of the following questions—please review the photos below and make changes or go to [Ergo Online resources](#) for further information or contact ergonomics.info@ubc.ca.

Yes	No	N/A	Keyboard & Mouse
			Do you have an external keyboard and mouse that fit you comfortably?
			Are your keyboard and mouse just below elbow level with your shoulders relaxed and elbows at approximately 90 to 110 degrees?
Yes	No	N/A	Monitor
			Is your screen a sufficient size for your work? Note: an external monitor (approx.21 to 23”) is strongly encouraged but not required.
			Is the top line of text at eye level and approximately arm’s length away? Exception: if you are wearing bifocals and/or if your monitor is angled back, you may need to have your monitor lower.
			Can you comfortably read text on your monitor (e.g. no glare, sufficient font size, neutral neck posture)?
Yes	No	N/A	Chair
			Does your chair have back support and does the chair fit you comfortably?
			Are your knees and hips approximately level, with your feet firmly supported either on the floor or on a footrest? Please ensure you have sufficient leg clearance under the desk.
	No	N/A	Other
			Can you get up and make positional changes 2-3x per hour?
			Do you feel you can work comfortably, safely and efficiently with your tools (e.g. keyboard, mice, monitor, etc.) and in your space (e.g. minimal distractions)?
			Do you know how to seek additional ergo support, if needed?

Workstation Examples



Picture courtesy of ergotron

Emergency Protocols

In case of an emergency (i.e. fire or earthquake), please indicate the designated assembly area outside of your remote work location:

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Reporting Work-related Injury/Illness to your Supervisor

If you have an incident arising in and out of the course of employment, resulting in missing time from work and/or seeing a doctor, complete an online Injury/Incident report through https://www.cairs.ubc.ca/public_page.php

I understand where to submit an online Injury/Incident report form

Working Alone Declaration

During the hours of your remote work schedule, check all that apply:

There are others present in my remote work location and;

They are able and willing to call emergency services for help in a timely manner in the event of an emergency.

If you are unable to check both of the options, you are considered to be working alone. For information on how to create a working alone procedure, visit the [SRS website](#).

Sign and date the consent statement below

I have read this Remote Work Safety Assessment and understand and acknowledge all of its provisions.

Employee Signature	Date

Supervisor Signature (Approval)	Date