

Home Office Safety and Ergonomics Self-Assessment Form

This self-assessment form is designed to help you identify safety and ergonomic hazards in your home office environment. Please complete this form to document your workspace setup.

Employee and Work Details

Employee Name: Assessment Date:

Job Title: Department:

Home Office Location (City/State): Supervisor Name:

Section 1: Ergonomic Assessment

For each item, please type "Yes", "No", or "N/A" in the Response column, and add notes if action is required.

Workspace Item/ Ergonomic Check	Response (Yes / No / N/A)	Comments / Required Actions
Chair: Is your chair adjustable (height, backrest, armrests)?	<input type="text"/>	<input type="text"/>
Chair: Are your feet resting flat on the floor or on a footrest?	<input type="text"/>	<input type="text"/>
Keyboard & Mouse: Are your keyboard and mouse at elbow height?	<input type="text"/>	<input type="text"/>
Keyboard & Mouse: Are your wrists straight and neutral when typing?	<input type="text"/>	<input type="text"/>
Monitor: Is the top of your monitor screen at or slightly below eye level?	<input type="text"/>	<input type="text"/>
Monitor: Is the monitor about an arm's length away from you?	<input type="text"/>	<input type="text"/>
Desk: Is there sufficient clearance under your desk for your knees and thighs?	<input type="text"/>	<input type="text"/>

Section 2: Environment, Fire, & Electrical Safety

Safety & Environmental Check	Response (Yes / No / N/A)	Comments / Required Actions
Electrical: Are all electrical cords and plugs in good condition (no frays)?	<input type="text"/>	<input type="text"/>
Electrical: Are power strips and outlets free from overloading?	<input type="text"/>	<input type="text"/>
Tripping Hazards: Are walkways and the space under the desk free of cords/obstructions?	<input type="text"/>	<input type="text"/>
Fire Safety: Is there a working smoke detector near your home workspace?	<input type="text"/>	<input type="text"/>
Lighting: Is the lighting adequate for reading and writing without glare?	<input type="text"/>	<input type="text"/>
Ventilation: Is the workspace adequately ventilated and kept at a comfortable temperature?	<input type="text"/>	<input type="text"/>

Section 3: Work Practices & Environment

Work Practice Check	Response (Yes / No / N/A)	Comments / Required Actions
Do you take regular breaks (e.g., 5 minutes every hour) to stretch and move?	<input type="text"/>	<input type="text"/>
Do you practice the 20-20-20 rule (looking away at 20 feet for 20 seconds every 20 minutes)?	<input type="text"/>	<input type="text"/>

Signatures and Sign-off

By signing below, the employee certifies that this self-assessment has been completed accurately to the best of their knowledge.

Employee Signature: Date Signed:

Reviewer / Supervisor Name: Date Reviewed: