

ANC Offsite Workplace Risk Assessment

1. Purpose

The purpose of this document is for employees and managers to work together to assess their workplace risk, when regularly working at a site other than ANC premises, e.g. work from a warehouse or work from home, two to three days per week

2. Employee / Site Details

Employee Name:		
	Offsite Workplace Address/Location:	
Date of Assessment:	Address/Location:	

3. Risk Assessment Checklist

Risk to Consider	Yes	No	Comments
Level of illumination and location of lighting fixtures are suited to the activity			
Proper ventilation and adequate heating/cooling exists around work area			
Enough security exists to prevent unauthorised entry by intruders			
Walk-ways are clear of clutter and trip hazards such as trailing electrical cords			
The work area is segregated from other hazards in the area e.g. hot cooking surfaces in the kitchen			
Smoke detectors are installed in the work area and properly maintained to provide early warning of fire			

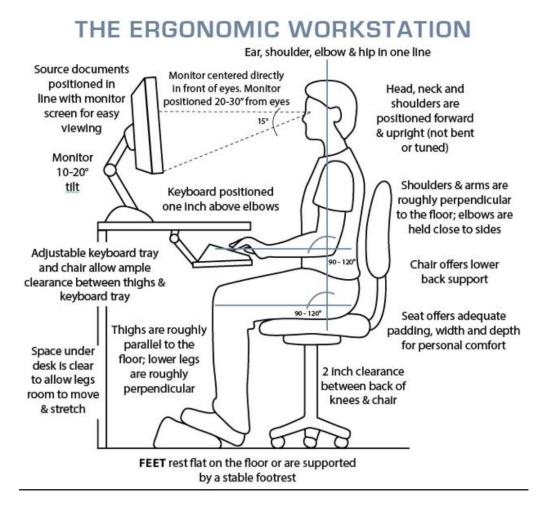
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Risk to Consider	Yes	No	Comments
Employee is aware of location of any first aid and fire equipment			
Emergency contact numbers and details are known i.e. for fire, ambulance or police contacts			
Emergency evacuation details for the workplace are understood and exits are clear and unobstructed			
Telephone or other suitable devices are readily available to allow effective communication in emergency situations			
A communication plan is in place with contact details in case of an injury or emergency			
Enough mobile phone network coverage exists			
Location, height and other physical characteristics of workstation such as furniture and computer are suited to the task			
An ergonomic chair allows for employee to work according to guidance (picture below e.g. monitor is approximately arm's length in front and at eye level; elbows are roughly at 90 degrees when typing)			
Regular breaks will be taken and involve stretching, changing of posture and alternating activity where possible			
Electrical cords and appliance are safely secured and do not present a trip hazard			
ANC is aware of any medical conditions and any medication you will need to have access to, as appropriate to the workplace			

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4. Risk Assessment Outcomes and Actions

If any risk is identified in this checklist the employee and manager must ensure the risk is controlled. This could involve concerns being raised with the relevant WHS Officer for further guidance, as required.

5. Risk Assessment Sign Off

Manager Name	
Manager Signoff - all risks identified have been resolved or mitigated appropriately	
WHS Officer Name	
WHS Officer Signature	

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