Workplace safety and health is a shared responsibility. As set out in the Remote Working Policy and Procedures, the College, Employees and Managers have the following responsibilities:

***The College***

Has the overall responsibility to provide a safe and healthy work environment that is compliant with applicable legislation, regardless of the Employee’s work location.

***Managers***

Are responsible for responding to emerging safety and health concerns that are brought to their attention. Managers are required to review, discuss and monitor the completed checklist with the Employee, and to sign and retain a file copy of the checklist.

***Employees***

Are required to make a personal commitment to safety and must adequately equip their remote work location from a safety and health point of view. Employees are required to review and complete the checklist to identify any safety and/or health risks, and accept responsibility for taking reasonable steps to address the items included in the checklist.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ergonomics** | **Yes** | **No** | **Action Required/Comment** |
| Have you read in full and understand the information contained at the following links and will apply the information to eliminate potential ergonomic hazards and injuries?     * [Office Ergonomics Code of Practice](https://www.rrc.ca/shs/workplace-safety-and-health-program/office-ergonomics/)      * [How to Make Your Work-From-Home Space Ergonomic](https://www.rrc.ca/shs/workplace-safety-and-health-program/office-ergonomics/appendix-a/)     **Note:** Individual ergonomic assessments can be requested by emailing [safety@rrc.ca](mailto:safety@rrc.ca). Management’s approval is required to initiate the request. |  |  |  |
| **Office Furnishings** | **Yes** | **No** | **Action Required/Comment** |
| Is all furniture being used for work purposes in good condition and properly secured (as appropriate) so as to avoid hazards/injury?    Examples of furniture that could cause a hazard for injury includes furniture that is not properly secured, items that are missing corners, rough edges due to wear, etc. |  |  |  |
| **Electrical** | **Yes** | **No** | **Action Required/Comment** |
| Please review the following: [Electrical Safety Tips](https://www.nfpa.org/-/media/Files/Public-Education/Resources/Safety-tip-sheets/Electrical_Safety_Tips.pdf)    Is all electrical equipment, including power bars and cords in good working condition? |  |  |  |
| Are power bar surge protectors plugged in to the wall socket? and electrical outlets not overloaded? |  |  |  |
| Are phone lines, charging cables, internet cables and electrical cords properly placed or secured to avoid tripping hazards? |  |  |  |
| **Tripping and Falling Hazards** | **Yes** | **No** | **Action Required/Comment** |
| Is the space neat, clean and free of hazardous material, allowing for an unobstructed path to your workspace?    Examples obstructions could include floor clutter, unsecured carpeting, etc. |  |  |  |
| **Potential of Violence** | **Yes** | **No** | **Action Required/Comment** |
| Do you have anything in your remote work environment that could be a threat to your safety? |  |  |  |
| Do you have adequate procedures, emergency contacts and/or a plan to address these issues if they emerge? |  |  |  |
| **Fire Protection** | **Yes** | **No** | **Action Required/Comment** |
| Is there an adequate number of smoke alarms/detectors? Are they in good working order?   * Please review the following: [Fire Safety Tips](https://www.mcscs.jus.gov.on.ca/sites/default/files/content/ofm/docs/Fire%20Safety%20Tip%20Sheet.pdf) |  |  |  |
| Does the Employee have an evacuation route in place in the event of a fire or emergency?  Please review the following: [Escape Planning Tips](https://www.nfpa.org/-/media/Files/Public-Education/Resources/Safety-tip-sheets/EscapePlanningTips.pdf) |  |  |  |
| **Mental Health** | **Yes** | **No** | **Action Required/Comment** |
| Are you aware of the resources available, and where to access them?    Resources at the College include:   * The Employee and Family Assistance Program: [Homeweb | Home](https://homeweb.ca/) * [Healthy Minds, Health College](https://www.rrc.ca/wellness/) Initiative |  |  |  |
| **Working Alone Protection** | **Yes** | **No** | **Action Required/Comment** |
| In accordance with the College’s [Working Alone or in Isolation Policy](https://www.rrc.ca/legal/policies/working-alone-or-in-isolation/) Managers are required to review each workplace under their control to identify circumstances where individuals working alone or in isolation will be at an increased risk of injury or assistance will not be readily available. Workers must identify any such potential risks to their Manager. Have both the Manager and the Employee reviewed the Policy? |  |  |  |
| Does working remotely create any specific, additional risks of injury or health emergency? |  |  |  |
| Have the Employee and the Manager discussed the Employee’s availability to respond to health and safety check-ins (e.g. working alone call-in procedures, regular calls, texts, emails – based on the risks involved)? If not, initiate that conversation. |  |  |  |
| Are emergency contact numbers accessible in the workspace? |  |  |  |
| Has the Employee provided up-to-date emergency contact information with the Manager? |  |  |  |
| **Employee Safety Training** |  |  |  |
| Has the Employee completed the following mandatory Safety training?   * Employee Safety Training (Orientation) * WHMIS Training * COVID-19 Orientation     **Note:** While not requirement, Safety and Health Services has developed guidance on stocking an at-home first aid kit. |  |  |  |
| **Reporting Workplace Injuries** |  |  |  |
| Employees are required to report any workplace injuries occurring in the Remote Working location during working hours by contacting their Manager and Safety and Health Services ([safety@rrc.ca](mailto:safety@rrc.ca)). Does the Employee understand this obligation? |  |  |  |

**Confirmation by Employee and Manager**

I confirm that I have completed the checklist of my remote workplace and attest that I am taking and will continue to take reasonable steps to address the items listed on this checklist.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed and discussed the Checklist with the employee who confirms that the remote work site is adequately equipped from a health and safety perspective.

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_