Workers' Compensation Board – Alberta

Health and Safety

Home Office Inspection Form

Name: _____ **Location:** _____

Time of report: _____ **Date:** _____ *(DD/MM/YY)*

Department: _____ **Supervisor**: _____

Office area			Equipment		
Are floors clear of debris, loose materials, worn or defective carpet, etc....?	Yes	☐	Is your leap chair (WCB supplied black office chair) functioning normally?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐
Are floors free of slipping hazards?	Yes	☐	Is your computer monitor in good repair and brightness adjusted between 60-80?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐
Is the furniture (desk and storage units) safe without sharp or broken edges?	Yes	☐	Is your laptop on a stable hard surface that allows proper ventilation around the unit?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐
Are materials (electrical cords, power bars, paperwork etc..,) neatly and safely stored?	Yes	☐	Is your keyboard and mouse positioned at elbow height, and are they functioning normally?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐
Are storage shelves and cabinets appropriately loaded and below weight capacity?	Yes	☐	Are headsets functioning normally and its cord positioned as not create a tripping hazard?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐
Are cabinet drawers functioning as normal?	Yes	☐	Is the lighting in your office space adequate to read printed material without creating glare?	Yes	☐
	No	☐		No	☐
	N/A	☐		N/A	☐

Comments:

Deficiencies:	Action:	Target Completion:	Completion:

Email this form to CW if you identified deficiencies above
mailbox.as.corporate.wellness@wcb.ab.ca

Employee: _____ **Date:** _____ *(DD/MM/YY)*

Supervisor: _____ **Date:** _____ *(DD/MM/YY)*

Keep a copy for your records

Confidential

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