

SELF-ASSESSMENT CHECKLIST

Only eligible employees should complete this checklist.

Equipment / Facilities	Montego Pet Nutrition owned	Employee owned	
Computer / Laptop (please circle)			
Wireless Internet Access / Modem (please circle)			
Personal Printer			
Landline / Mobile phone (please circle)			
Home Office with desk, chair			
Training	Complete	Need furth assistanc	
Workstation environment		Yes	No
Is the floor space free of tripping hazards (cables, etc.)?			
Is the lighting adequate for the tasks being performed?			
Are noise levels acceptable?			
Does the chair have adequate support?			
Are there adequate power outlets to run the computer a	nd other equipment?		
Is modem / wireless internet access available?			
IT equipment, software and service requirements have been coand can be supported.	onfirmed with IT Service	S	
Is the computer monitor approx. 600mm from you?			
Is the top edge of the computer monitor at the eye level	of the user?		
Is the computer monitor free from glare and reflections f	rom lights?		
Can the angle or position of the monitor be easily change	ed?		
Is the keyboard at a comfortable tilt angle or flattened fo	r touch typing?		
		I	J

SIGNATURE: EMPLOYEE	
Date of Self-Assessment	SIGNATURE: SUPERVISOR / MANAGER

