

**WORKING FROM HOME AGREEMENT AND OHS CHECKLIST**

Under the Occupational Health and Safety Act 2004, Consumer Action has a duty of care to provide a safe and healthy place of work for all employees. This also applies to staff who regularly work from home, whether as part of their formal employment agreement or not.

**Please ensure the following is completed in full and signed by all relevant parties.**

Consumer Action will not be liable for costs incurred by staff to ensure their work space at home meets the criteria set out in the Work from Home Checklist including desks, furniture and fixtures.

*Communication and Technology at Home*

Staff must be contactable and available for communication with Consumer Action during the periods in which home-based work is carried out, unless otherwise agreed with the relevant Line Manager. Staff working from home should endeavour to attend all team meetings electronically where possible.

Consumer Action is not generally able to provide hardware, software or technical support to the employee working from home, except where Consumer Action issued devices have been issued to the staff member. During standard working hours Consumer Action may provide limited technical support to staff working from home in accessing work remotely.

Itemised phone calls will be reimbursable, however internet access and associated costs remain the responsibility of the individual.

*Occupational Health, Safety and Wellbeing at Home*

Consumer Action is committed to providing a safe workplace, and this includes the home if an employee has been approved to work from home. Staff working from home are responsible for maintaining their own health and safety in the home working environment. To minimise the risk of injury, Occupational Health and Safety requirements must be adhered to when establishing a home-based work place. The employee is required to assess the suitability of the work environment by using the Consumer Action Work from Home Checklist. Consumer Action’s WorkSafe insurance covers staff working from home, in the event that they are injured or become ill because of their work.

An employee working from home indemnifies Consumer Action against all loss or damage to the staff member’s property and all claims by third parties in respect of personal injury and /or property damage except to the extent caused by a negligent act, error or omission of Consumer Action.

*Privacy*

Employees working from home must comply with Consumer Action’s privacy and confidentiality obligations: these extend to ensuring that no Consumer Action or client information can be viewed when working in a shared space, and/or on a shared computer. No client files or identifying material may be removed from the office. Employees working from home on materials relating to Consumer Action internal policies or staff members must ensure that data is protected and the confidentiality of peers, colleagues and stakeholders is safeguarded at all times.

Relevant and related policies include:

[https://consumeraction.sharepoint.com/Pages/Technology.aspx](https://consumeraction.sharepoint.com/Pages/OLDTechnology.aspx) - particularly the clause relating to personal mobile devices in the Internet and Email Usage section

[https://consumeraction.sharepoint.com/Pages/Risk-Management.aspx](https://consumeraction.sharepoint.com/Pages/OLDRisk-Management.aspx)

*Notification*

Employees working from home should post their whereabouts on Yammer using the tag #staffmovements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Employee details** | | | | |
| Name |  | | | |
| Team |  | | | |
| Job title |  | | | |
| Home street address: |  | | | |
| Suburb: |  |  |  | |
|  |  | Postcode: |  | |
| Home office phone: |  |  |  | |
| Email address: |  | | | |
| **2. Details of working from home arrangement** | | | | |
| Commencement date of arrangement: | | / / | | |
| End date of arrangement (or may be ongoing) | | / / | | |
| Approximate number of hours of work per week at home: | |  | | |
| **3. Checklist** | | | | |
| Completed and attached the **Work From Home checklist**: | | Yes | | No |
| **4. Declaration & authorisations** | | | | |
| I have read and understood the conditions set out in this agreement. I indicate my acceptance of the terms of this agreement by signing below and submitting to HR / OHS. | | | | |
| Employee’s signature: |  | Date: | / / | |
| Print Name: |  |  |  | |
| Manager’s signature: |  | Date: | / / | |
| Print Name: |  |  |  | |
| OHS / HR signature: |  | Date: | / / | |
| Print Name: |  |  |  | |

To minimise the risk of illness or injury whilst performing Consumer Action work, use the following Work From Home Checklist to assess your work space. This checklist should be used in conjunction with the [WorkSafe Officewise](file:///L:/03%20Admin/Forms_Templates/HR_Payroll/Health_Safety/Work%20From%20Home%20forms/WorkSafe%20Vic_Officewise%20-%20guide%20to%20OHS%20Office.pdf) document - *Setting up a Workstation* section.

The information below is gathered to record your work from home environment as a Consumer Action staff member, and to provide you with information on the ideal ergonomic office set up. It is divided into those aspects of set-up that are essential, those that are strongly recommended, and those that are “nice to have”. Please note that Consumer Action will not be liable for costs incurred by staff to fit out or enhance their work space at home.

Upon completion of the checklist, should you or your manager have concerns about the suitability of the home work space, speak with OHS / HR.

**WORK FROM HOME CHECKLIST**

**Tick 🗸 as appropriate**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Workstation** | | | |
| OHS requirement | Is the workstation adequate for the tasks to be performed? | Yes | No |
| OHS requirement | Are a footrest, mouse wrist rest and keyboard wrist rest available if required? | Yes | No |
| Strongly recommended | Do you have a separate, designated office space to undertake computer work | Yes | No |
| Ideal but not essential | Is the work surface a single continuous surface? | Yes | No |
| **2. Chair** | | | |
| Strongly recommended | Do you have a fully adjustable ergonomic chair with a suitable backrest? | Yes | No |
| **3. Computer, Screen, Keyboard** | | | |
| OHS requirement | Is there adequate space to use the keyboard in front of the screen? | Yes | No |
| Strongly recommended | Are the screen, keyboard and mouse appropriately adjusted to reduce discomfort? | Yes | No |
| Strongly recommended | Is the screen at right angles to any windows? (avoid this where possible to limit glare) | Yes | No |
| **4. Mouse** | | | |
| OHS requirement | Is the mouse on the same height surface as the keyboard? | Yes | No |
| **5. Other Equipment** | | | |
| Strongly recommended | If a printer is required, is one available? | Yes | No |
| Strongly recommended | Is an appropriate document holder available? | Yes | No |
| Strongly recommended | Is a telephone headset available if required? | Yes | No |
| Strongly recommended | Is there adequate storage space? | Yes | No |
| **6. Environment** | | | |
| OHS requirement | Have you attached a plan of the home office including desk, power outlets, telephone and lighting? | Yes | No |
| OHS requirement | Are all exit routes from your designated office space to a safe outdoor location free of obstruction? | Yes | No |
| Strongly recommended | Can glare be controlled by window coverings? | Yes | No |
| Strongly recommended | Is the room temperature comfortable – heating and cooling as required? | Yes | No |
| Ideal but not essential | Does the designated office space have appropriate light to give even illumination and reduce glare? | Yes | No |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. Other considerations** | | | | | | | | |
| OHS requirement | | Is the floor space free from tripping hazards? | Yes | | | | No | |
| OHS requirement | | Are you aware of your responsibility to report any accidents or serious incidents to your supervisor? | Yes | | | | No | |
| OHS requirement | | Are there sufficient power outlets to run the computer and other equipment? | Yes | | | | No | |
| OHS requirement | | Have all electrical leads, power boards etc. been inspected by you and found to be in good condition? | Yes | | | | No | |
| OHS requirement | | Is there a functioning and maintained smoke detector in the house? | Yes | | | | No | |
| OHS requirement | | Is there a basic first aid kit available? | Yes | | | | No | |
| Strongly recommended | | Have you notified your home insurance company (if working from home on a contractual basis) of the agreement? | Yes | | | | No | |
| Strongly recommended | | Is the computer and printer protected by an earth leakage circuit breaker? | Yes | | | | No | |
| Strongly recommended | | Attach a copy of the Certificate of Currency from your home insurer (if working from home) to the agreement | Yes | | | | No | |
| Strongly recommended | | Are you aware of the IT support services available and contact arrangements (including internet provider)? | Yes | | | | No | |
| **8. OHS Issues or Hazards** | | | | | | | | |
| Review and list here any other OHS issues or hazards that you are aware of that may affect your ability to work safely from home. | | | | | | Yes | | No |
| **9. Declaration & Authorisations** | | | | | | | | |
| This completed checklist is true and correct | | | | | | | | |
| Applicant’s name: |  | | | | | | | |
| Applicant’s signature: |  | | | Date: | / / | | | |
| Manager’s signature: |  | | | Date: | / / | | | |
| OHS/HR signature: |  | | | Date: | / / | | | |

When completed please forward this form to the HR Manager or Director of Operations.