Working from home: WHS Report & Agreement

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| **1. EMPLOYEE DETAILS** | |
| **Name** |  |
| **Home-based work address** |  |
| **Date of WHS audit** |  |

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| **2. AGREEMENT** | | | |
| The employee’s home-based workplace has undergone a work health and safety audit which has been reviewed by the employee’s supervisor and the **[Insert organisation’s name]** health and safety representative.  It is agreed that the employee will undertake home-based work under the following arrangements: | | | |
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| **Name of employee** |  | | |
| **Employee signature** |  | **Date** |  |
| **Name of supervisor** |  | | |
| **Supervisor signature** |  | **Date** |  |

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| **WORKING FROM HOME CHECKLIST** | | |
| **Detail** | **Yes/No** | **Action required** |
| **Workstation** | | |
| The workstation size, height and spacing is adequate for the tasks to be performed | **□ Yes □ No** |  |
| Power and data cables are stowed out of the way | **□ Yes □ No** |  |
| The chair is stable and provides adequate support | **□ Yes □ No** |  |
| **Computer, screen, keyboard, mouse (note if using a laptop)** | | |
| The computer screen is approximately arm’s length from user | **□ Yes □ No** |  |
| The screen height is 350-750mm above work surface and can be tilted up and down | **□ Yes □ No** |  |
| The screen image is clear, stable and free from reflections and glare? | **□ Yes □ No** |  |
| The monitor and keyboard are aligned and directly in front to avoid body twisting | **□ Yes □ No** |  |
| The mouse uses a mouse pad and is the same height as the keyboard | **□ Yes □ No** |  |
| **Other equipment** | | |
| Is other equipment required, i.e. printer, filing trays | **□ Yes □ No** |  |
| There is adequate storage space? | **□ Yes □ No** |  |
| **Environment** | | |
| There is adequate lighting for the tasks being performed | **□ Yes □ No** |  |
| Can glare be controlled by window coverings? | **□ Yes □ No** |  |
| Passage to and around the workstation is direct and unimpeded | **□ Yes □ No** |  |
| Surrounding power and data cables are stowed out of the way | **□ Yes □ No** |  |
| Walkways are free of clutter and trip hazards | **□ Yes □ No** |  |
| **Other considerations** | | |
| Computers are protected by earth leakage circuit breaker and surge protectors | **□ Yes □ No** |  |
| There are adequate power outlets to run the computer and other equipment | **□ Yes □ No** |  |
| Power cables, leads, and power boards are in good condition | **□ Yes □ No** |  |
| There a fully equipped First Aid Kit on site | **□ Yes □ No** |  |

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| **EQUIPMENT USED AT THE HOME-BASED WORKPLACE** | |
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| **SKETCH OF HOME-BASED WORK SITE** | |
|  | |
| **Photo of home-based workplace attached** | **□ Yes □ No** |