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| **Home Based Work Assessment**  *Complete this form as part of your* [*Flexible Work Request*](https://intranet.ecu.edu.au/staff/centres/human-resources-service/our-services/work-environment-and-conditions/flexible-work-arrangements) *with your Manager/Supervisor, or other HBW arrangement referred to in the Home Based Work Guideline. Further information on flexible arrangements is available on the* [*HRSC intranet*](https://intranet.ecu.edu.au/staff/centres/human-resources-service/our-services/work-environment-and-conditions/flexible-work-arrangements)  ***Do not complete if an ad hoc request (i.e. one-off occasion).*** | | | | | | |
| **PART A: EMPLOYEE DETAILS** | | | | | | |
| Staff Number: |  | | School/Centre: | |  | |
| Surname: |  | | Given Name(s) | |  | |
| Mobile No: |  | | | | | |
| **PART B: PROPOSED WORK LOCATION** | | | | | | |
| Home Address: | |  | | | | |
| Designated work area in the home: | |  | | | | *(e.g. Study / Office)* |
| **PART C: RISK ASSESSMENT** | | | | | | |
| *If you will be undertaking any work other than general office / computer work, then a risk assessment is required to be completed and approved in the WHS module of* [*Riskware*](https://prod.riskcloud.net/Management/OHSRiskRegister.aspx?ccode=ecu)*.*  Is a [Hazard Risk Assessment](https://intranet.ecu.edu.au/staff/centres/human-resources-service/our-services/work-health-safety-and-wellness/hazard-identification-and-risk-management2) required to be completed? Yes  No  If yes, please record Riskware reference number: | | | | | | |
| **PART D: COMMUNICATION ARRANGEMENTS** | | | | | | |
| How will you communicate with other ECU staff/students/clients?  *(You may select more than one option)* | | | | MS Teams  Mobile Phone  Email  Other (specify): | | |
| Do you need to install MS teams on your mobile so calls are automatically diverted? | | | | Yes  No | | |
| Have you been made aware of who to contact to report a hazard and/or health and safety incident?  *Hazards and Incidents need to be reported to your line Manager/Supervisor and lodged in* [*Riskware*](https://mylogin.ecu.edu.au/IAMSSO/login.jsp?bmctx=6A1A18DBC4DC41A63965C36AEE8ADBD2DC18C7DE40389423400FA498A9784684&contextType=external&username=string&password=sercure_string&challenge_url=https%3A%2F%2Fmylogin.ecu.edu.au%2FIAMSSO%2Flogin.jsp&request_id=-784205685905472294&authn_try_count=0&locale=en_AU&resource_url=%252Fuser%252Floginsso)*.* | | | | Yes  No | | |
| Are you able to access Emergency Services and do you have an “Emergency Contact List” including telephone number/persons to notify available in your home work area:   * in an emergency situation, or * in the event of a [critical incident](https://intranet.ecu.edu.au/staff/centres/strategic-and-governance-services/our-services/risk-and-assurance/business-continuity/critical-incident-management)? | | | | Yes  No | | |
| When working from home, you are required to maintain regular communications with your Manager/Supervisor. Have you discussed how you will maintain regular communications? | | | | Yes (complete details below)  No | | |
| **Specify any relevant communication procedures required between you (when working from home), your Manager/Supervisor and anyone else you are required to communicate with in the process of your work:** | | | | | | |
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| **PART E: HEALTH AND SAFETY CHECKLIST**  *A photo of the Employee’s workstation should be provided together with this form.* | | | | | | | | | | |
| **Health and Safety Induction** | | | | | | | | | **Result** | |
| Have you successfully completed the required ECU [Health and Safety Induction](https://intranet.ecu.edu.au/staff/centres/human-resources-service/our-services/work-health-safety-and-wellness/health-and-safety-inductions) course within the last two years?  *Employee should have copy of completion email and certificate or contact* [*osh@ecu.edu.au*](mailto:osh@ecu.edu.au) *if unsure*. | | | | | | | | | Yes | No |
| If **YES**, date last completed: | | | *If* ***NO****, this must be completed prior to commencing HBW* | | | | | | | |
| **Work Environment** | | | | | | | | | **Result** | |
| Is the lighting adequate for the tasks being performed?  *You should be able to see documents and your complete computer tasks without straining your eyes*. | | | | | | | | | Yes | No |
| Is the room temperature, humidity and air flow adequate for the tasks being performed? | | | | | | | | | Yes | No |
| Is the noise level conducive to promote concentration? | | | | | | | | | Yes | No |
| Is the floor space free from tripping hazards such as rugs, items on the floor, trailing cords?  *You should inspect your work area daily to ensure it is safe. Remember never use items or equipment which are faulty or damaged, nor attempt to repair them unless you are qualified to do so.* | | | | | | | | | Yes | No |
| Is all ECU owned electrical equipment tested and tagged in accordance with ECU’s [Electrical Safety Policy](http://policysearch.ecu.edu.au/WebDrawer.PolicySearch/Record/699/file/document)? | | | | | | | | | Yes | No |
| Is electrical equipment undamaged? i.e. no frayed/damaged cords, electrical switches intact, no damage to hard covers, no overloading of power boards | | | | | | | | | Yes | No |
| Are the power points and light switches in the work area RCD protected? | | | | | | | | | Yes | No |
| Is there a functioning smoke detector in the house? | | | | | | | | | Yes | No |
| Can you safely get in and out of the work area and your home in the event of an emergency (fire)? | | | | | | | | | Yes | No |
| Do you have access to first aid supplies? For suggestions of basic first aid supplies [click here](https://www.healthdirect.gov.au/first-aid-kits). | | | | | | | | | Yes | No |
| **Laptops and Notebooks** | | | | | | | | | **Result** | |
| Are you using a laptop as your main computer?  *If no, please move to the next section* | | | | | | | | | Yes | No |
| If using a laptop, do you have:   * an external keyboard and mouse; and * a laptop stand/docking station; or an external monitor. | | | | | | | | | Yes | No |
| **Desk Set Up** | | | | | | | | | **Result** | |
| Does the workstation height fit into the recommended range between 680 – 720mm? | | | | | | | | | Yes | No |
| Are most frequently used items within easy reach when you are seated? | | | | | | | | | Yes | No |
| Is there adequate space to use the keyboard in front of the screen?  *The recommended keyboard setting is with the feet lowered so the keyboard sits flat on the desk.*  *Centre the keyboard according to keys you will be using (i.e. centre the section with the letters to you if you are not using the number pad).* | | | | | | | | | Yes | No |
| Is there enough room for the mouse (if used) to be placed right next to the keyboard on the side of your dominant hand?  *Where possible, use of a separate mouse is recommended when using a desktop or laptop computer.* | | | | | | | | | Yes | No |
| If mainly making calls using a landline or mobile phone, is this placed on the same side of the desk as your non-dominant hand within easy reach and in a position that avoids the need to twist to grasp the handset?  *It is recommended to use Microsoft Teams, with a headset, for making calls where possible.* | | | | | | | | | Yes | No |
| **Computer Screen (if using separate computer monitor)** | | | | | | | | | **Result** | |
| Is the screen approximately an arm’s length from you when you are at your desk? | | | | | | | | | Yes | No |
| Is the monitor height so the top third is at eye level?  *If you wear bi-focal glasses, set the monitor height such that you can see the screen with your neck in a natural position – not having your neck tilted forwards or backwards.* | | | | | | | | | Yes | No |
| **Chair** | | | | | | | | | **Result** | |
| Do you have an adjustable ergonomic chair with adequate lumbar support? | | | | | | | | | Yes | No |
| Is there enough leg room under the desk for legs and movement? | | | | | | | | | Yes | No |
| After adjusting the height of the seat so your elbows are just above desk surface height, are your feet flat on the floor?  *If this is not possible, a footrest may be required.* | | | | | | | | | Yes | No |
| Are your thighs horizontal with your hips between 90 – 120 degrees to your thighs?  *Adjust the seat base tilt to achieve this.* | | | | | | | | | Yes | No |
| Is the distance between the front of your seat pan and the back of your knees approximately 1 to 3 finger width? | | | | | | | | | Yes | No |
| If using a standing desk, is the height of the surface just below elbow height and the computer screen arm’s length from the user?  *It is recommended to alternate from a standing to sitting position every 20-30 minutes and wear appropriate footwear i.e. low heel and supportive*. | | | | | | | | | Yes | No |
| **Manual Handling and Storage** | | | | | | | | | | |
| Will any manual handling tasks be undertaken such as repetitive movement or lifting heavy items? | | | | | | | | | Yes | No |
| If so, do you know how to correctly perform these tasks? | | | | | | | | | Yes | No |
| Is there adequate storage space for work related items? | | | | | | | | | Yes | No |
| Are regularly used items stored above the knees and below the shoulders? | | | | | | | | | Yes | No |
| **PART F: ACTIONS AND EQUIPMENT** | | | | | | | | | | |
| **Comments and Actions Required**  *Please note any ‘No’ result in this checklist requires action or justification below before work from home begins* | | | | | | | | | | |
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| **Please list below any ECU equipment that will be provided as a result of the actions above.** *Please note: This should be documented via the School / Centre asset management process.* | | | | | | | | | | |
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| **PART G: EMPLOYEE DECLARATION** | | | | | | | | | | |
| *I agree that all information provided in this assessment is true and accurate. I have read the Home Based Work Guideline and agree to comply with all contents in the Guideline and related ECU policies, guidelines and procedures. I understand ECU may end this arrangement as outlined in the Guideline if required.* | | | | | | | | | | |
| **Signature:** |  | | | **Date:** | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (DD/MM/YYYY) | | | | |
| **PART H: MANAGER/SUPERVISOR SIGN OFF** | | | | | | | | | | |
| *I have reviewed this assessment and agree that all reasonable steps have been taken to ensure that the home based workplace meets the relevant requirements outlined in the Home Based Work Guideline.* | | | | | | | | | | |
| **Signature:** | |  | | | **Date:** | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (DD/MM/YYYY) | | | |
| **PART I: DOCUMENT MANAGEMENT** | | | | | | | | **Date actioned:** | | |
| Where the HBW relates to Flexible Work a copy of this form should be submitted with the Flexible Work Request Form. | | | | | | | |  | | |
| A copy of this form should be provided to [osh@ecu.edu.au](mailto:osh@ecu.edu.au) for review. | | | | | | | |  | | |
| The original form must be retained by the Line Manager/Supervisor and stored in accordance with ECU Record Management requirements. | | | | | | | |  | | |

For assistance with completing this form, please contact Safety and Employment Relations on 6304 2302 or [osh@ecu.edu.au](mailto:osh@ecu.edu.au)