20 20 20

mdclegal

The Unique Employment Law Specialists



Meeting Employer Obligations with a Working from Home Checklist

MDC Legal has developed a Working from Home Checklist to assist your business with managing risks and issues associated with employees working remotely during COVID-19. The Checklist will assist you in meeting your obligations and will be a key piece of evidence should you need to demonstrate that you took reasonable steps to do so.

Why is this necessary?

Many businesses, organisations, schools and other service providers have already implemented short term remote work arrangements for their employees and many more are in the process of doing so in response to the COVID-19 crisis. Typically, the employee is working from home, but it may also be from some other place outside the usual workplace. Wherever they are working, the employer continues to owe those employees a duty of care and has obligations under occupational health and safety legislation.

That means your business needs to consider whether the employee's remote work location is a safe and healthy environment that is also conducive to the employee being able to perform the requirements of their role. Further considerations will be required for employees with family and/or caring responsibilities in their remote workspace and to accommodate employees varying technological skills.

You will need to insert or amend the portions highlighted in yellow in the Checklist and add any additional matters specific to your business. You may tailor it to meet specific needs of your business and your remote working arrangements.

How it works?

The Checklist should be completed by all employees who are or will be working from home or any other location other than their usual workplace, including workers that enter the 14-day isolation period for COVID-19.

Each employee working remotely should complete, date and sign the Checklist and return it to a nominated person in your organisation who is able to assess, and take any necessary action to ensure, the suitability of the remote workplace. The completed Checklist and any action taken in relation to the remote work arrangements should be documented and stored on the employee's personnel file.

It is imperative that prompt steps are taken by your organisation to address any issues, risks or hazards identified by an employee. Failure to do so may result in breaches of safety legislation, regulations or codes of practice.

Other resources to meet the challenges of COVID-19 to Employers

MDC Legal has also developed additional resources to help employers navigate employment relations issues amidst the COVID-19 outbreak. Click here for further information about our COVID-19 Advisory Service and Employer Guide to: https://mdclegal.com.au/wp-content/uploads/2020/02/COVID19-Employer-Advice-Service.pdf, or contact us to prepare a working from home policy that compliments this Checklist.

[Place on company letterhead]

Working from Home Checklist

The purpose of this Checklist is to ensure that, while you are working remotely, you are working in a space and in circumstances that are safe, healthy and suited to the requirements of your role, in accordance with your respective duties.

We acknowledge that this is a difficult time for all employees and that you may have your own challenges to navigate while setting up and adapting to this new environment of work. We are available to assist you to meet these challenges. For example, working parents may need strategies to manage additional family/caring responsibilities and we will all need to adapt to working with new technologies. This Checklist is also designed to help plan and manage the challenges that are now part of your work environment.

Please complete this Checklist and return it [to name/via email] by [date].

If you are unable to affirm any item in the Checklist, please contact [insert name] on [insert phone number] promptly to discuss the issue. If [insert name] is unavailable by phone, please send an email to [insert email] identifying the relevant items by outlining the number in the first column of the below table. Please take responsibility to ensure your completed Checklist is confirmed as received by [insert name] and any outstanding issues are resolved. Keep a copy of your checklist and familiarise yourself with the items that you should be checking or actioning each [day/week].

Contact [insert name] on [insert number/email] if you have any concerns or questions about completing the checklist.

Please carefully read each item in the Checklist below, and tick or mark yes if that item is affirmed.

Name of Employee	
Position of Employee	
Relevant Department or Team	

Item No.	Item	Tick once complete/yes	
	Physical layout and surrounds		
1.	Room is properly ventilated e.g. room has windows that can open or air ducts		
2.	Room is clean and clear e.g. free from dust and mould; does not contain piles of stored matter on the floor that could fall or present trip hazards		
3.	Room is well lit for visual tasks to be completed without eye strain.		
4.	Computer screen is not exposed to glare e.g. facing an uncovered window		
5.	Noise levels are safe and conducive to work, phone calls etc e.g. similar to your office environment, with no constant loud noises and strategies to manage juggling parent/caring responsibilities such as parents/carers taking shift or scheduling times with your children for work and play etc.		

Signature of Employee	Date

Item No.	Item	Tick once complete/yes
6.	Temperature in room is comfortable e.g. between 18 degrees to 25	complete/ yes
	degrees	
7.	Power boards and extension cords are in good working order and do	
	not present trip or electrocution hazards	
8.	Smoke detector and smoke alarm are installed and in good working	
_	order	
9.	First aid supplies are available e.g. [insert items that are applicable to your workplace]	
10.	Workspace is in a non-smoking area	
11.	Workspace is segregated e.g. from hot cooking space and elements	
12.	Workspace is free from distraction e.g. television and children are	
	entertained as best as possible for periods of time to facilitate	
	working hours.	
13.	Workspace is free from slip and trip hazards	
14.	[insert other relevant factors to your organisation]	
15	Ergonomics and tools	
15.	Where possible, only use equipment that has been issued by us and has recently been tagged and tested	
16.	Suitable office chair is available e.g. with adjustable back and height	
17.	Office desk or table is large enough to accommodate computer work,	
17.	phone, reading, note taking	
18.	Feet rest comfortably at 90 degrees while seated upright or slightly	
	reclined with or without a footstool	
19.	Telephone has been provided or is available. If personal phone is	
	being used employee will record use for purpose of reimbursement as	
	directed by the employer. Telephone must be used by hand, speaker	
	phone or with headset. Neck must not be cradled.	
20.	Computer or Laptop has been provided or is available. Provision has	
	been made for reimbursement of additional internet or electricity	
24	expenses.	
21.	Top of the computer screen is at eye level when seated in the chair	
22.	The desktop display is sufficiently bright and lettering size is appropriate	
23.	Keyboard is straight on the desk and in line with the body and	
25.	monitor and wrist is supported when typing	
24.	If mouse is being used, it is at same level, close to keyboard and wrist	
	is supported	
25.	Monitor is at least arm length from your body when seated in front of	
	monitor	
26.	If using a laptop, ensure that is positioned at a comfortable level	
27.	Items have been laid out to minimise reaching, twisting, bending or	
	unnecessary neck movement	
28.	Employee understands the importance of taking breaks including	
	meal breaks, standing up and moving around, changing tasks e.g. Take	
	breaks every 30 minutes of keyboarding and stand at least once per	
20	hour Employee will ensure any lifting, pushing and carrying type activities	
29.	Employee will ensure any lifting, pushing and carrying type activities are well withing his/her physical capacity	
	are wen withing mayner physical capacity	

Signature of Employee	 Date	

Item No.	ltem	Tick once
		complete/yes
30.	[insert other relevant factors to your organisation]	
Confidentiality		
31.	Suitable storage is available e.g. drawers or shelving	
32.	Confidentiality of work documents and data can be maintained	
33. 34.	Shredder has been provided or is available on return to office Hard copy files taken out of the office have been photocopied or	
34.	electronically scanned and stored in the office before being removed	
	from the office	
35.	[insert other relevant factors to your organisation]	
33.	Safety/Security	
36.	Home is secure	
37.	Employee has been provided Employer emergency contact details.	
	Employee has provided his/her emergency contact details to the	
	Employer	
38.	Employee will immediately report workplace incidents (injuries or	
	illness) to [supervisor]	
39.	[insert other relevant factors to your organisation]	
40.	Employee acknowledges that the Employer may inspect the	
	Employee's home workspace to ensure it is safe and an appropriate	
	work area.	
	Keeping in touch	T
41.	Employee has access to Skype/Zoom/Messenger/Emails/Teams	
42.	Employee has access to time recording tools and will record	
42	time/hours [daily]	
43.	Employee agrees to schedule meetings where required including to	
44.	keep in contact with manager and colleagues Employee agrees to check in daily via email or [insert e.g. zoom]	
45.	Employee agrees to send a weekly/daily email outlining the tasks	
73.	completed and ongoing tasks by [COB/each Friday].	
46.	[insert other relevant factors to your organisation]	
	Health/Wellbeing/Other	
47.	Employee has defined list of tasks and responsibilities for each day	
48.	Childcare arrangements are possible (or note where such	
	arrangements are not available, so that accommodations can be	
	made)	
49.	Employee acknowledges the need to establish boundaries around	
	your work hours with your partner, child and/or house mates.	
50.	Employee is sufficiently fit to work at home	
51.	Employee has a copy or access to a copy of the Working Remotely	
	Policy.	
52.	Employee undertakes that they will not during work time engage in	
	risky behaviour or engage in any conduct that would not be permitted	
F2	at work, such consumption of alcohol or illicit substances	
53.	[insert other relevant factors to your organisation]	

Signature of Employee	Date	

mdclegal

reception@mdclegal.com.au (08) 9288 4000 mdclegal.com.au

MDC Legal provides specialist workplace relations solutions efficiently and effectively.