

COMMUNITY-BASED WORKPLACE PROGRAM AGREEMENT

The following constitutes an agreement between the Division of Health Facilities, North Dakota Department of Health, and _____ on the **terms and conditions**

(Name of Surveyor)

of the Community-Based Workplace Program established and conducted within the policies and procedures of the Division.

1. This agreement is effective: **Start date** _____.
2. The surveyor agrees to maintain safe work environment (checklist provided).
3. The surveyor agrees to abide by the policies and procedures of the Division and the Dept of Health.
4. The mailing and/or physical address of the surveyor's Community-Based Workplace site.
 ___(name)_____
 ___(address)_____
 ___(address)_____
 ___(P.O.Box)_____
 ___(city, state, zip)_____
5. Telephone number used to reach the Community-Based Workplace surveyor: _____
 Surveyor's email address: _____
6. All furnished equipment, phone lines, email services, computer software, and any other State furnished item owned/leased by the State, are for official Health Facilities business use only. The surveyor who is authorized to use Division equipment is responsible for equipment protection, installation, service and maintenance.
7. The Division is not liable for damages to a surveyor's personal or real property during the course of performance of official duty or while using the Division's equipment in the Community-Based Workplace. In addition, the Division is not responsible for operating costs, home maintenance or any other incidental costs (e.g., utilities) associated with the use of the surveyor's Community-Based Workplace environment. The Division will provide the necessary office supplies that are routinely available at the Bismarck office.
8. The surveyor will communicate as needed with management to receive assignments and have completed work reviewed in accordance with the manager's instructions. The surveyor will complete all assigned work in accordance with the manager's instructions. Progress reporting, as defined by the manager, will be used by the manager in assessment of the surveyor's job performance.
9. The surveyor agrees to use approved safeguards to protect Division records from unauthorized disclosure or damage.

- 10. The surveyor agrees to attend the required training and orientation to participate in the Community-Based Workplace Program.
- 11. Please note that the guidelines described here are not firm conditions of employment and the language is not intended to create an employment contract between the Department of Health and its surveyors. The Department reserves the right to alter, amend, modify, rescind or otherwise change the content of this agreement, in its sole discretion, and without advance notice to any employing unit or surveyor affected by the provisions of this agreement.

List all state owned or leased equipment that has been assigned to the surveyor for use at the surveyor's Community-Based Workplace. (Include HF inventory number and brief description). If not applicable, please indicate so by checking the following box: Not applicable

Inventory Number	Brief Description	Inventory Number	Brief Description
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Surveyor: _____

Date _____

Approved: _____

Date _____

(Division Director)

Approved: _____

Date _____

(Section Chief)