

Policies & Procedures

Self-certification Safety Checklist For Home-Based Teleworkers

The following checklist is designed to assess the overall safety of your Telework location. Please read and complete the self-certification safety checklist. Upon completion, you and your Manager should sign and date the checklist in the spaces provided.

Name: _____

Organization: _____

Address: _____

City/State: _____ / _____

Business Telephone: _____

Telework Program Manager: _____

Telework Location: _____

Describe the chosen work area at the Telework location: _____

A. Workplace Environment

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance? Yes [] No []
2. Are all stairs with four or more steps equipped with handrails? Yes [] No []
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to Circuit location & maximum possible electrical load on each? Yes [] No []
4. Do circuit breakers clearly indicate if they are in the open or closed position? Yes [] No []
5. Is all electrical equipment free of recognized hazards that would cause harm (frayed, bare or loose wires and/or plugs)? Yes [] No []
6. Will the building's electrical system permit the grounding of electrical equipment? Yes [] No []
7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes [] No []
8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes [] No []
9. Do chairs have any loose wheels and are the rungs and legs of the chairs sturdy? Yes [] No []

10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?

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Yes [] No []

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11. Is the work space neat, clean, and free of excessive amounts of combustibles? Yes [] No []
12. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes [] No []
13. Are carpets well secured to the floor and free of frayed or worn seams? Yes [] No []
14. Is there enough light for reading? Yes [] No []

B. Computer Workstation (if applicable)

15. Is your chair adjustable? Yes [] No []
16. Do you know how to adjust your chair? Yes [] No []
17. Is your back adequately supported by a backrest? Yes [] No []
18. Are your feet on the floor or fully supported by a footrest? Yes [] No []
19. Are you satisfied with the placement of your monitor and keyboard? Yes [] No []
20. Is it easy to read the text on your screen? Yes [] No []
21. Do you need a document holder? Yes [] No []
22. Do you have enough legroom at your desk? Yes [] No []
23. Is the screen free from noticeable glare? Yes [] No []
24. Is the top of the screen at eye level? Yes [] No []
25. Is there space to rest your arms while not keying? Yes [] No []
26. When typing, are your forearms close to parallel with the floor? Yes [] No []
27. Are your wrists fairly straight when typing? Yes [] No []

Employee's Signature and Date: _____

Immediate Manager's Signature and Date: _____

Approved [] Disapproved [] If Disapproved, please explain: _____

Please return a copy of this form to your Telework Program Manager.