

Telecommuting Worksite Safety Checklist

Name: _____ Date: _____
 Title: _____ District/Division/ Office: _____
 Supervisor: _____ Current Work Location: _____

The following checklist is designed to assess the overall safety of the telecommuting work location. The employee should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the employee and immediate supervisor.

The telecommuting worksite is: _____
(description/physical address, such as "employee's residence")

Describe the designated work area within the telecommuting worksite:

To the best of one's knowledge:

Is the workspace free of asbestos-containing materials?

_____ Yes _____ No

If asbestos-containing material is present, is it undamaged and in good condition?

_____ Yes _____ No

Is the workspace free of indoor air quality problems?

_____ Yes _____ No

Is there adequate ventilation for the desired occupancy?

_____ Yes _____ No

Is the workspace free of continuous exposure to noise in excess of 85 decibels (louder than busy city traffic)?

_____ Yes _____ No

Are all stairs with four or more steps equipped with handrails?

_____ Yes _____ No

Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?

_____ Yes _____ No

Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)?

_____ Yes _____ No

Are aisles, doorways, and corners free of obstructions to permit visibility and movement?

_____ Yes _____ No

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Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

_____ Yes _____ No

Are chairs free of any loose casters (wheels)?

_____ Yes _____ No

Are the rungs and legs of chairs sturdy?

_____ Yes _____ No

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

_____ Yes _____ No

Is the workspace neat, clean, and free of excessive amounts of combustibles?

_____ Yes _____ No

Are floor surfaces clean, dry, level, and carpets well-secured and free of worn or frayed seams?

_____ Yes _____ No

Is your workspace arranged in such a way that you are comfortable and can maintain safe and healthy postures (lower back support, feet can be flat on floor, appropriate keyboard/monitor height to minimize straining, etc.)?

_____ Yes _____ No

Is a safe location accessible from the workspace in the event of severe weather?

_____ Yes _____ No

My signature below indicates that this safety checklist of the proposed telecommuting worksite is true and accurate to the best of my knowledge. I further understand that any intentional inaccuracies found in this checklist may be grounds for disciplinary action.

Employee Signature Date

If the employee answers "No" to one or more of the questions on this checklist, the supervisor and employee must follow up with the local Safety & Health Manager, or designee, to determine what additional steps may be necessary and if the telecommuting arrangement is still appropriate.

Supervisor Signature Date

The supervisor should retain this original checklist, and provide one copy to the local Human Resources office and one copy to Central Office Human Resources.