

SELF-CERTIFICATION SAFETY CHECKLIST FOR TELEWORKERS

Employee Name: _____

Position: _____

Office: _____

Business Telephone: _____

Dear Teleworker:

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

The alternate work station is (address): _____

Describe the designated work area in the alternate work station (i.e., computer desk in home office, writing desk in spare bedroom):

A. ALTERNATE WORK STATION 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 intended service? 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 physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? 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. Are chairs free of any loose casters (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? Yes ___ No ___
11. Is the work area 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 adequate light for you to read by? Yes ___ No ___

B. COMPUTER WORKSTATION (IF APPLICABLE)

1. Is your chair adequate for you? Yes ___ No ___
2. Is your back adequately supported? Yes ___ No ___
3. Are your feet on the floor or fully supported by a footrest? Yes ___ No ___
4. Are you satisfied with the placement of your monitor and keyboard? Yes ___ No ___
5. Is it easy to read the text on your screen? Yes ___ No ___
6. Do you need a document holder? Yes ___ No ___
7. Do you have enough leg room at your desk? Yes ___ No ___
8. Is the monitor free from noticeable glare? Yes ___ No ___
9. Is the top of the monitor at eye level? Yes ___ No ___
10. Is there space to rest your arms while not keying? Yes ___ No ___
11. When keying, are your forearms close to parallel with the floor? Yes ___ No ___
12. Are your wrists fairly straight when keying? Yes ___ No ___

Employee Signature

Date

Supervisor Name and Title: _____

Supervisor Signature

Date