

## SELF-CERTIFICATION SAFETY CHECKLIST FOR WORK-AT-HOME TELECOMMUTERS

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ COORDINATOR: \_\_\_\_\_

Dear Telecommuter:

The following checklist is designed to assess the overall safety of your alternate duty 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 address of the alternate work site is

\_\_\_\_\_

Describe the designated work area in the alternate duty station.

\_\_\_\_\_

### 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 4 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. Do chairs have 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 office 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 worm 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 VDT 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 leg room at your desk? ...Yes[ ] No[ ]
23. Is the VDT screen free from noticeable glare? ...Yes[ ] No[ ]
24. Is the top of the VDT screen eye level? ...Yes[ ] No[ ]
25. Is there space to rest the arms while not keying? ...Yes[ ] No[ ]
26. When keying, are your forearms close to parallel with the floor? ...Yes[ ] No[ ]
27. Are your wrists fairly straight when keying? ...Yes[ ] No[ ]

Approved [ ] Disapproved [ ]

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Employee' s Signature/Date

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Immediate Supervisor's Signature/Date