

## Self-certification Safety Checklist for Home-based Telecommuters

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

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Telecommuting Coordinator: \_\_\_\_\_

The alternate duty station is: \_\_\_\_\_

Describe the designed work area in the alternate duty station.

---

### A. Workplace Environment

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining 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. 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 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 leg room at your desk? ..... Yes  No
- 23. Is the screen free from noticeable glare? ..... Yes  No
- 24. Is the top of the 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

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Approved

Disapproved