

Date: 10/30/2003

Replaces: 01/28/98

Issuing Office: OD/OHR/DWD/BPLB, 496-2404

Appendix 3
Telework Office Evaluation

This form is to be completed if telework is to be done from home. If a telecenter or other location will be used instead, you do not need to complete this form.

Employee has designated the following location as employee's home work area:

(Please specify room or area of residence)

A. Work Station Setup

- 1. If in basement, will there be a problem with moisture? Yes No N/A
- 2. Separate from major family activity area? Yes No N/A
- 3. Secure from pets and family members? Yes No N/A
- 4. Background or distracting noise is minimal?
(television, other persons, outside traffic) Yes No
- 5. Equipment not easily viewed from outside/external areas? Yes No
- 6. Office furniture and equipment ergonomically correct as
specified at www.nih.gov/od/ors/ds/ergonomics? Yes No
- 7. Lighting: Directed behind or to the side of line of vision,
not in front or above it? Yes No
- 8. Storage: 2 or 4 drawer file drawers needed? Yes No
- 9. Supplies/resources close to desk? Yes No
- 10. Does home office comply with lease/association agreement? Yes No N/A

B. Safety

- 1. Safe exit path from work area? (recommended width = 36") Yes No
- 2. Evacuation plans established? Yes No
- 3. Smoke detector/alarm present and functional? Yes No
- 4. Fire extinguisher near work area? Yes No
- 5. First aid supplies adequate? Yes No

Date: 10/30/2003

Replaces: 01/28/98

Issuing Office: OD/OHR/DWD/BPLB, 496-2404

**Appendix 3
Telework Office Evaluation**

- 6. Extension/power cords secured and in safe condition? __Yes __ No
- 7. Electrical outlets not overloaded? __Yes __ No
- 8. No tripping hazards with electrical cords, loose rugs or carpet? __Yes __ No
- 9. Equipment out of direct sunlight and away from heaters? __Yes __ No
- 10. Air quality/ventilation adequate? __Yes __ No
- 11. Uncluttered work environment (amount of paper at reasonable levels)? __Yes __ No
- 12. Overhead shelves or cabinets not in hazardous locations? __Yes __ No
- 13. Property Insurance? __Yes __ No
 Homeowners
- Renters
- Liability
- 14. To the best of your knowledge, is the space free of material containing asbestos? __Yes __ No
- 15. A drinkable water supply available? __Yes __ No
- 16. Lavatory available with hot and cold running water? __ Yes __ No
- 17. All stairs with four or more steps equipped with hand rails? __Yes __ No __ N/A

C. Security

- 1. Locks on office door or file cabinet drawers? __Yes __ No __ N/A
- 2. Power surge protection in use? __Yes __ No __ N/A
- 3. Protective or secure storage for floppy disks? __Yes __ No __ N/A
- 4. Privacy for confidential phone conversations? __Yes __ No __ N/A

Additional Comments/Suggestions: _____

Date: 10/30/2003

Replaces: 01/28/98

Issuing Office: OD/OHR/DWD/BPLB, 496-2404

**Appendix 3
Telework Office Evaluation**

By signing below, the employee certifies that this information is correct and the manager certifies receipt of this document.

Date: _____

Employee Signature _____

Date: _____

Manager Signature _____