

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

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|--|-----|----|-----|
| 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 | |
| 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 | |

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|---|-----|----|
| 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 |

C. Security

- | | | | |
|--|-----|----|-----|
| 11. Locks on office door or file cabinet drawers? | Yes | No | N/A |
| 12. Power surge protection in use? | Yes | No | N/A |
| 13. Protective or secure storage for floppy disks? | Yes | No | N/A |
| 14. Privacy for confidential phone conversations? | Yes | No | N/A |

Additional Comments/Suggestions:

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 _____