

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 http://dohs.ors.od.nih.gov/ergonomics_home.htm? __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

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

C. Security

- 1. Locks on office door or file cabinet drawers?
2. Power surge protection in use?
3. Protective or secure storage for floppy disks?
4. Privacy for confidential phone conversations?

Additional Comments/Suggestions:

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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 _____