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U.S. DEPARTMENT OF AGRICULTURE
Farm and Foreign Agricultural Services

FLEXIPLACE HOME SAFETY CHECKLIST

PART A - GENERAL INFORMATION

1. FLEXIPLACE PARTICIPANT'S NAME, ALTERNATE WORKSITE, AND TELEPHONE NUMBER	2. AGENCY/DIVISION/BRANCH
3. EMPLOYEE'S OFFICIAL DUTY STATION, CITY, AND STATE	4. FLEXIPLACE COORDINATOR'S NAME AND TELEPHONE NO.
5. ALTERNATE WORKSITE ADDRESS	6. DESCRIBE THE LOCATION OF DESIGNATED WORK AREA <i>(if worksite in participant's home.)</i>

PART B - CHECKLIST ITEMS

The following checklist is designed to assess the overall safety of the alternate worksite. Read, complete, and submit this form. Upon completion, the checklist should be signed and dated by the participating employee and their immediate supervisor. A copy of this document should be maintained by the supervisor.

MARK "NA" IF NOT APPLICABLE	YES	NO
7. Is the space free of indoor air quality problems, and the space adequately ventilated?		
8. Is the space free of noise hazards (in excess of 85 decibels)?		
9. Is there a potable (drinkable) water supply?		
10. In working at home, are you in compliance with municipal codes? Homeowner Association?		
11. Are lavatories available with hot and cold running water?		
12. Are all stairs with 4 or more steps equipped with handrails?		
13. Are all circuit breakers and/or fuses in the electrical panel labeled?		
14. Do circuit breakers clearly indicate if they are in the open or closed position?		
15. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, bare conductors, exposed wires?)		
16. Will the building's electrical system permit the grounding of electrical equipment?		
17. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
18. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		
19. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy?		
20. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		
21. Is the office space neat, clean and free of excessive amounts of combustibles?		
22. Are floor surfaces clean, dry, level, and free of worn or frayed seams?		
23. Are carpets well secured to the floor, and free of frayed or worn areas?		
24. EMPLOYEE'S SIGNATURE	DATE	
25. SUPERVISOR'S SIGNATURE	DATE	

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO CONDUCT AN ON SITE INSPECTION FOR ANY EMPLOYEE CHECKING FIVE OR MORE "NO" ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFICANT CHANGE TO WORKSITE.

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