

PEO GCS TELEWORK PROGRAM SAFETY CHECKLIST

The following checklist is designed to assess the overall safety of the home worksite. The participating employee should complete the checklist, sign and date it, and return it to his or her supervisor (and retain a copy for his or her own records).

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No

2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No

3. Will the buildings electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No

4. Are aisles, doorways and corners free from obstructions to permit visibility and movement? Yes No

5. Are the file cabinets and storage closets arranged so drawers and doors do not enter into walkways? Yes No

6. Are phone lines, electrical cords, and surge protectors secured under a desk or along a baseboard? Yes No

EMPLOYEE'S SIGNATURE: _____
Date: _____

NAME: _____
OFFICE SYMBOL: _____
HOME ADDRESS: _____
