Self-certification Safety Checklist for Alternate Telecommuting Worksite

Department: _____

Employee Name: _____

Alternate Telecommuting Worksite: _____

SAFETY ASSESSMENT

Telecommuting Worksite Environment	Initial to confirm each area below meets safety standards
Is the workspace ergonomically sound and arranged in a manner that will avoid repetitive injury from daily use?	
Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?	
Are all stairs with four or more steps equipped with handrails?	
Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?	
Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	
Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	
Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	
Is the office space neat, clean, and free of excessive amounts of combustibles?	
Are floor surfaces clean, dry, level, and free of worn or frayed seams, and are all carpets secured?	
Is there a functional (UL approved) smoke alarm/detector?	
Is there a readily accessible (UL approved) fire extinguisher?	
I understand that safety inspections may be made of my alternate Telecommuting Worksite, provided the employee is given at least 24 hour notice, except in case of emergency.	

By signing below, the employee certifies he/she will comply with and agree to maintain the conditions stated above:

Employee Signature: _____

Date: _____