

**TELEWORK SAFETY CHECKLIST
For At-Home Teleworkers**

The following checklist is designed to assess the overall safety of the alternative worksite/telework site (for At-home teleworkers). Please read and complete the self-certification safety checklist. This document is to be submitted with the Telework Arrangement Program (TAP) Application.

Employee Name: _____ Employee ID/PHS #: _____

1. Is the office furniture and equipment ergonomically correct? **Yes** [☐] **No** [☐]
2. Is there a safe exit path from work area? (Recommended width is 36") **Yes** [☐] **No** [☐]
3. Are there smoke detectors/alarms present and functional? **Yes** [☐] **No** [☐]
4. Is there a fire extinguisher near the work area/office? **Yes** [☐] **No** [☐]
5. Are room temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance? **Yes** [☐] **No** [☐]
6. Are all stairs with four or more steps equipped with handrails? **Yes** [☐] **No** [☐] **N/A** [☐]
7. 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)? **Yes** [☐] **No** [☐]
8. Are walkways, aisles, and doorways, free of obstructions to permit visibility and movement? **Yes** [☐] **No** [☐]
9. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? **Yes** [☐] **No** [☐]
10. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard and in safe condition? **Yes** [☐] **No** [☐]
11. Is the office space neat and free of excessive amounts of combustibles? **Yes** [☐] **No** [☐]
12. Are floor surfaces clear, dry, level, and free of tripping hazards? **Yes** [☐] **No** [☐]
13. Are carpets well secured to the floor and free of frayed or work seams? **Yes** [☐] **No** [☐]
14. Is there power surge protection in use? **Yes** [☐] **No** [☐]

EMPLOYEE SIGNATURE:

COMMENTS:

By signing below, I, _____ (print name) certify that this information is true and correct. I also agree to allow my immediate supervisor or other appropriate officials to make a site visit to my residence in accordance with the TAP Policy and established procedures:

Employee Signature: _____

Date: _____

IMMEDIATE SUPERVISOR SIGNATURE:

COMMENTS:

By signing below, I _____ (print name), certify the contents of this form have been reviewed with the employee:

Supervisor Signature: _____

Date: _____