



## Self-Certification Safety Checklist for Routine Teleworking

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Alternate worksite location: \_\_\_\_\_

The following checklist is designed to assess the overall safety of the proposed alternate worksite. Employees are responsible for completing this safety checklist and resolving any safety concerns indicated by a “No” response before routine telework begins and whenever changes in the worksite introduce new potential hazards. Upon completion, the employee will sign and date this certification checklist, and the manager will retain all documentation, including findings and corrective actions, during the term of the Routine Telework. Advice on proper worksite ergonomics is available through Human Resources as a resource to provide information and guidance on assuring a safe and ergonomically sound work environment.

### Alternate Worksite Environment

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.) Are temperature, noise, ventilation, and lighting levels adequate for maintaining the same level of job performance as if you were on-site?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) Do all walkways and doorways provide proper egress, and unobstructed and free of slip/trip hazards?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) Are cabinets, furniture and equipment greater than 4-feet tall anchored to the wall and are large and heavy items on lower shelves or the ground?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.) Is the worksite kept clean and free of trash or other combustible materials?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.) Is a charged, easily accessible fire extinguisher in the area?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.) Are all electrical equipment, plugs, cords and outlets in good condition, free of exposed/damaged wiring or other recognized hazards, and available for safely powering office equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Computer Workstation

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 7.) Is the desk, chair and computer workstation comfortable and ergonomically supportive?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have enough legroom at your desk, and are your feet on the floor or fully supported by a footrest?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.) Are you satisfied with the placement of your monitor: is the top of the screen eye level; is the screen free from noticeable glare; and is it easy to read the text on your screen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.) When keying, are your forearms close to parallel with the floor, and is there space to rest your arms while not keying?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10.) Are your wrists comfortable as you use the keyboard and mouse?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**CORRECTIVE ACTIONS to Alternate Worksite Environment and Computer Workstation**

Item No.	Corrective action taken	Date corrected

The employee has inspected the above items and certifies that the designated worksite is safe and free from hazards.

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Employee Signature

Date