***The following checklist is provided as a template for your company and is intended to be edited and customized for your operations.***

This checklist outlines areas and items that should be evaluated prior to telecommuting beginning to ensure the home-based workspace is safe, ergonomically suitable, and free from recognized hazards. The employee must evaluate each item on the list, then read and sign/date the checklist confirming completion of the checklist and understanding of the teleworking agreement as outlined on this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Telecommuter: |  | Home Phone: |  |
|  | Mobile Phone: |  |
| Worksite Street Address: |  |
|  | City: |  | State: |  | Zip: |  |
| Briefly define and describe the designated work area: |  |

|  |
| --- |
| **General** |
| ❑ | Floors are clear and free of hazards |
| ❑ | Carpets well-secured to the floor and free of frayed or worn seams |
| ❑ | Rugs equipped with foam backing or used with anti-slip matting |
| ❑ | Office space neat, clean and free of excessive amounts of combustibles |
| ❑ | Work area is reasonably quiet and free of distractions |
| ❑ | File drawers are not top-heavy |
| ❑ | Cabinets, shelves or furniture greater than 5’ high secured to prevent toppling during an earthquake |
| ❑ | Books and supplies stored to prevent falling during an earthquake |
| ❑ | Wheels on rolling files or other mobile equipment free from binding when rolled and can be locked to prevent rolling |
| ❑ | Cords, cables and other items arranged to prevent a tripping hazard |
| ❑ | Phone lines and electrical cords are secured under a desk or along a wall, and away from heat sources |
| ❑ | Work area is well ventilated and heated/cooled to provide worker comfort |
| ❑ | Office space is equipped with a plug-in or hardwired carbon monoxide detector with battery backup, installed per manufacturer’s instructions |
| ❑ | If the office is located below grade (e.g. basement), has the home been tested for radon? (see [www.epa.gov/radon](http://www.epa.gov/radon) for more information about radon hazards and how to correct) |
|  |  |
| **Fire Safety** |
| ❑ | Walkways, aisles, and doorways are unobstructed |
| ❑ | Working smoke detector covering the designated work space. Is battery replaced annually? |
| ❑ | Charged, accessible, dry chemical fire extinguisher in area |
| ❑ | More than one exit from work area |
| ❑ | Work space is kept free of trash, clutter and flammable liquids |
| ❑ | Combustible materials located at least 3’ from radiators, portable heaters, or other heat sources |
|  |  |
| **Electrical Safety** |
| ❑ | Computer equipment is connected to a surge protector |
| ❑ | Electrical system is adequate for office equipment |
| ❑ | All electrical plugs, cords, outlets and panels in good condition and free of exposed conductors or broken insulation |
| ❑ | Electrical enclosures (switches, outlets, receptacles and junction boxes) have tight-fitting covers or plates |
| ❑ | Extension cords and power strips not daisy chained and no permanent extension cords in use |
| ❑ | Electrical cords run in non-traffic areas, not run under rugs, and are not nailed or stapled in place |
| ❑ | Equipment turned off when not in use |
| ❑ | Electrical outlets are grounded with three-pronged plugs |
| ❑ | Sufficient ventilation for electrical components |

|  |  |
| --- | --- |
|  |  |
| **Workstation Ergonomics** |
| ❑ | Chair is sturdy and in good condition. No loose wheels/casters or broken hardware/components |
| ❑ | When keying, forearms close to parallel with the floor. Wrists/hands in neutral position, i.e., in same plane as forearm |
| ❑ | Monitor is roughly arm’s length from eyes, with top of viewable portion of screen slightly below eye level |
| ❑ | Adjustable chair and understanding of how to correctly adjust it |
| ❑ | Feet reach the floor when seated, or are fully supported by a footrest |
| ❑ | Back adequately supported by the backrest |
| ❑ | Monitor screen free from noticeable glare throughout the work day |
| ❑ | Work area is adequately illuminated with lighting directed toward the side or behind the line of vision, not in front or above it |
| ❑ | Clear understanding of neutral posture and how to properly adjust workstation. (see <https://www.berkley-tech.com/wp-content/uploads/2018/12/RCT-Office-Ergonomics-Workstation-Adjustment.pdf> or <https://www.osha.gov/SLTC/etools/computerworkstations/index.html> for more information on proper ergonomic set up and adjustment for computer workstations) |
|  |  |
| **Other Safety/Security Measures** |
| ❑ | All stairs with four or more steps equipped with handrails |
| ❑ | Emergency phone numbers (hospital, fire department and police department) posted and easily accessible |
| ❑ | First aid kit easily accessible and replenished as needed |
| ❑ | Files and data are secure |
| ❑ | Inventory of all equipment in the office including serial numbers when possible |
| ❑ | Access to company computer network via secured path (VPN or secured log in) |

The employee will designate a workspace as a “home office” and will maintain this workspace in a safe condition, free from hazards and other dangers to people and equipment.

I have reviewed and understand the items outlined in this checklist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home-Based Worker’s Signature Date