



## 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 to their supervisor (retain a copy for your own records).

		YES	NO
1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?		<input type="checkbox"/>	<input type="checkbox"/>
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)?		<input type="checkbox"/>	<input type="checkbox"/>
3. Will the building's electrical system permit the grounding of electrical equipment (a three-prong receptacle)?		<input type="checkbox"/>	<input type="checkbox"/>
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		<input type="checkbox"/>	<input type="checkbox"/>
5. Are file cabinets and storage closets arranged so drawers and doors do not enter into walkways?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard?		<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE'S NAME:			
COMPONENT:			
POSITION:			
ADDRESS:			
LOCATION OF DESIGNATED HOME OFFICE OF WORK AREA (ROOM):			
HOME TELEPHONE:			
SUPERVISOR'S NAME:			
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	
Employee's Signature		Date (DDMMYY)	